THE LANCET.

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RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

HOPITAL DES ENFANS MALADES, PARIS.

CROUP.

In France the name of "croup" is confined exclusively to inflammation of the larynx and trachea, accompanied by a pseudo-membranous exudation. During the last five years this affection had been extremely rare at the *Hopital des Enfans*, and not more than three or four cases were observed; but it presented itself much more frequently in the course of the year 1835, during which we have observed no less than ten cases, affecting children from two to six years of age. The treatment employed in the majority of these cases consisted in the use of emetics, purgatives, local bloodletting, and cutaneous revulsives (blisters to the pole or front of the neck, to the superior or inferior extremities, &c.) The operation of tracheotomy was performed four times, and always accompanied by a momentary improvement in the symptoms, but the cases have nevertheless been fatal; in two patients death took place about thirty-six hours after the operation, once in forty-eight hours, and in the fourth, whose history we have already published (see p. 29), the fatal termination did not arrive before a lapse of eight days. In some of the cases above enumerated the diagnosis was attended with considerable difficulty: thus, in one case, we have seen a physician attached to the hospital mistake a real croup for an œdematous angina (*œdema glottidis*); we have also seen a case of simple inflammation of the larynx and trachea mistaken for croup; we shall report the latter case after having detailed one which did not present the slightest doubt, from the well-marked symptoms by which it was accompanied.

CASE.—*Child five years old. Cough and hoarseness at the commencement; emetic; amelioration for two days; then alteration of the timbre of the voice; croupal cough; expectoration of false membrane; two applications of leeches to the neck; frequent emetics. Death on the seventh day; membranous concretion in the larynx and trachea; puriform mucosities in the bronchi.*

Delorme Antoinette, a girl five years of age, of a good constitution, was seized on the 21st of August, together with one of her sisters aged two years, with cough and hoarseness, and dyspnœa. A physician being called in, prescribed an emetic for both the children; the accidents increased rapidly in the case of the younger child, who died with the symptoms of croup in three days. The elder sister felt some relief from the effects of the emetic, which persisted on the 26th and 27th, but on the following night she was seized with a frightful access of dyspnœa, which determined the parents to transport her to the hospital. On the patient's arrival she was immediately given an emetic, which produced copious vomiting, accompanied by efforts to cough; in the midst of the matter thrown up was found a morsel of false membrane, organized, and as large as the thumb nail.

29. At the visit in the morning we found the child lying on the right side; the head thrown back; the face pale; the neck tender; the cervical glands on the left side engorged; pseudo-membranous concretion on the amygdala of the same side; respiration sifflante, twenty-eight per minute; fit of a hoarse dry cough; alteration of the voice, which is weak and barking; pulse accelerated; skin hot; intelligence perfect.

Ten leeches along the centre of the neck under the chin.

℞ *Tart. Antim. et Potass.* gr. j.; *Syrop. Ipecacuan.* ℥j. *Oxymel Scyllæ* ℥ss. To be taken in three portions. *Tisan de Mauve; diete.*

The patient appeared to have been much weakened by the application of the leeches. The two first portions of the emetic draught were given, with an interval of a few hours; these produced some vomiting, and towards evening the child had several accesses of suffocation; the pulse rose to 160.

30. The child's state seems a little improved, she answers the questions addressed to her, asks for something to eat, and says she feels no pain anywhere. The timbre of the voice is still strong, and the respiration more sonorous than yesterday; cough croupy; pulse 120; respiration 30; tongue moist; the child has not been to stool for the last two days. Purgative lavement; four leeches to the neck; emetics; sinapisms to the lower extremities; milk. During the day the child was seized, from time to time, with fits of suffocation, which on the 31st were repeated almost without interruption, from five o'clock in the morning to nine o'clock, when the child died.

Body examined twenty-six hours after death.

General appearance of fat; skin pale; no cadaveric rigidity; injection of the vessels on the surface of the brain; gray substance natural; white substance somewhat injected; ventricles contain no fluid; the amygdalæ, the pharynx, and the epiglottis, do not present any appearance of a pseudo-membranous exudation, nor is the mucous membrane lining those parts of a colour remarkably red. The ventricles of the larynx are filled with a muco-purulent fluid, and below them we find the commencement of a membranous concretion, which extends as far down as the bifurcation of the bronchi; it is about half a line thick; the subjacent mucous membrane is red and thickened; the bronchi contain some purulent mucosities, but do not present any trace of false membrane. The mucous membrane of the stomach and intestinal canal is free from all injection or membranous concretion. However, several of the glandulæ solitariæ are developed in a very remarkable degree, without being injected. Nothing particular in the other viscera.

The symptoms by which this case was characterized were very clearly marked and evident—viz. alteration of the voice, croupal cough, respiration sifflant, false membranes on the amygdala, and also an expectoration of organized membranes from the trachea. The greater part of these symptoms were absent in the following case, which was mistaken for *croup*:—

CASE 2.—*Simple Laryngo-Tracheitis mistaken for Pseudo-membranous Laryngitis.—Child three years old; pain in the throat after exposure to cold; then cough; hoarseness; dyspnœa; sonorous respiration; access of suffocation. Death; redness of the lower part of the larynx, trachea, and bronchi; no false membrane.*

Garope Adele, three years of age, a child remarkably fat and well-looking; never had any previous illness, except a mild small-pox in her infancy; had been three days ill when she was brought to the hospital on the 10th of August last. According to the account given by the mother, it would appear that this young child, after having amused herself all day on the 8th on the banks of the river, was seized with hoarseness and cough in the evening on returning home. These symptoms persisted the following day; the appetite seemed then diminished, but on the night of the 9th the infant was seized with fits of suffocation, which made the parent believe she would suffocate every moment. The fits did not continue the next morning, but as the cough, hoarseness of voice, and dyspnœa, increased, the patient was brought to M. TROUSSEAU, who declared that she was affected with croup, and immediately sent her to the Hopital des Enfans Malades, with a written invitation to the person on duty to practise as soon as possible the operation of tracheotomy; he also obligingly sent a box of instruments, lest the interne might not be furnished with everything necessary for the operation.

Immediately after the child's arrival at the hospital, the back of the mouth and throat were examined, and nothing was observed except some redness and tumefaction of the amygdalæ. The hoarseness of the voice and cough showed clearly enough that the inflammation had extended to the air-passages; but there was, at the same time, every reason to believe that the inflammation of the larynx and trachea was of the same nature as that observed in the throat; ten leeches were accordingly applied on the sides of the larynx. A simple lavement given, and mustard poultices applied to the lower extremities. The child slept very profoundly during a great part of this night.

August 11. We saw the child to-day for the first time; the face was moderately coloured; the position of the child in bed varied; the intelligence was perfect; she spoke to her parents who visited her, and intreated to be taken home. The voice and cough were hoarse; the inspiration sonorous, but not sifflant, thirty-six in a minute; deglutition easy; the redness and tumefaction of the amygdalæ are somewhat diminished; skin warm; pulse accelerated, but we can-

not count it, from the restlessness of the child.

R. *Tartar. Antim. et Potass.* gr. i; *Ipecacuan.* 3ss in four parts; mustard poultices to legs. *Diete.*

Momentary calm after the vomiting. In the evening a few fits of dry hoarse coughing, and dyspnœa.

12. Face is more coloured; the child affects the upright posture; the inspiration continues sonorous, and is heard at a good distance from the child; the voice is hoarse, but does not resemble the voice of croup; the cough at times resembles the barking of a small dog; when asked where she suffers, the patient sometimes says in the neck, sometimes in the belly; there is no appearance of false membrane in the back of the throat; the redness of the palate and amygdalæ are much diminished.

Sulphur, sublimed and washed, ℈j; *Sugar* 3i; in six doses. Same emetic as yesterday, to inspire the vapour of sulphuric ether.

This day was passed quietly, but towards evening agitation and dyspnœa.

13. The cough, voice, and respiration, present the same characters as during the former days; the anxiety of the patient is somewhat increased; the sulphur and emetic powder were continued, and a large blister was applied to the anterior and superior surface of the thorax; the neck was rubbed with an ammoniacal lotion; during the day abundant diarrhœa.

14. At the moment of the visit the patient was in a profound sleep; on awaking she made some efforts at coughing; the cough is more moist than yesterday, and is followed by some expectoration of a matter produced in the œsophagus. We observe some little anxiety, some grinding of the teeth, but nothing announces an approaching termination of the disease. The stools are extremely frequent, and the matter passed is clear, like water. The abdomen is painful to pressure; nothing remarkable took place in the course of the day or night, but at seven o'clock in the morning the child was suddenly seized with a fit of suffocation, which carried her off before anything could be done for her relief.

Body examined twenty-four hours after death.

Exterior Habit. — Considerable embonpoint; purplish tint of posterior part of trunk, and of the upper part of chest and neck. The dissection was commenced by dividing the lower jaw; the cavity of the mouth was then examined with care, and no alteration discovered. The amygdalæ were as large as a small filbert; they do not exhibit any inflammatory injection either externally or internally; the velum palati healthy; pharynx of a violet colour; the mucous membrane of the epiglottis and superior part of the larynx are pale and not thickened. We do not observe any trace of false membrane or ulceration. The inferior moiety of the larynx and the trachea are red; their lining membrane thickened; the same lesion is found in the bronchial tubes of large caliber, which, moreover, contain some purulent mucosities. The left lung adheres at the summit to the pleura costalis for the extent of about a twenty-sous piece, and at the level of this adhesion the pulmonary tissue contains a cretaceous tubercle of the size of a pea; the remainder of the superior lobe is soft and crepitant; the inferior lobe is slightly engoué; right lung healthy; heart and pericardium free from alteration.

Abdomen.—The mucous membrane of the stomach, of a white rosy tint, presents everywhere a good consistence; the small intestines show here and there some patches of injection, and contain a single lumbricus; in the colon, deep red injection, disposed in striæ very closely applied to each other, with ramollissement of the mucous membrane. Nothing worthy of notice in the other viscera.

From this latter fact, to which we might add several other analogous ones, we think ourselves justified in concluding,—

1st. That the diagnosis of croup occasionally presents many difficulties at the bedside of the patient.

2nd. That we ought not to decide on performing the operation of tracheotomy without a full and careful examination of all the symptoms; for this operation is, to say the least, useless in cases where no false membrane exists.

3rd. That simple inflammation of the trachea and larynx may give rise to fits of suffocation, which resemble closely enough those observed in the pseudo-membranous laryngitis or true croup.

We may observe, in conclusion, that in the case just reported, the error of diagnosis was not without prejudice to the patient; for if the physician, instead of giving repeated emetics, which perhaps gave rise to the inflammatory condition of the colon observed after death, had repeated the sanguineous emissions, under whose influence the inflammation of the throat was dissipated, he might also have been fortunate enough to subdue the analogous inflammation of the air-tubes.

MENINGITIS.

Inflammation of the membranes of the brain is a disease much more common at the Children's Hospital than at any of those consecrated to the reception of adults. This affection, considered under the double relation of its march and anatomical character, presents itself in infancy under two forms that are sufficiently distinct. In the first, the inflammation of the cerebral membranes is, in most cases, *primitive* and *acute*; is developed under the influence of *appreciable causes* (such as blows on the head &c.); passes rapidly through its different stages; and, when death supervenes, leaves, as pathological characters, serous, sero-purulent, or sero-albuminous effusions in the pia-mater, ventricles, or (*much more rarely*) in the grand cavity of the arachnoid.

In the second, which is so much more frequent at the French Hospital for Children, that it may be regarded as the type of the disease, the affection commences under a *chronic* form, and does not become *acute* until a period more or less near the fatal termination; but when the *acute* stage commences, both forms exhibit symptoms so analogous as not to be distinguished by any means that we as yet possess. This form attacks principally scrofulous patients, and presents for anatomical characters, the existence of whitish or yellow-white, tubercular granulations, varying in size from a millet-seed to that of a rape-seed. These granulations are always found in the pia-mater, where they are sometimes disseminated, sometimes conglomerated, so as to form spots of more or less magnitude, which compress the cerebral substance, and are frequently united with it in a very close manner.

We would denominate the first form, *simple acute meningitis*, and would consecrate to the latter a new term (which sufficiently designates its most essential character), *tubercular meningitis*, or, in popular language, *scrofulous hydrocephalus*.

The two following cases offer examples of the first of these forms. In a succeeding Number we shall give examples of the second, or tubercular disease:—

CASE 1. — ACUTE MENINGITIS OF THE CONVEXITY. — *Patient aged six years; headache; general malaise; delirium; afterwards convulsions; loss of speech; stupor; coma; local blood-letting; blister to the neck. Death on the 16th day of the disease; opacity and thickening of the arachnoid on the convexity of the brain; serous infiltration of the pia-mater, sufficiently abundant to distend the convolutions.*

Adelaide Baldy, six years of age, of a feeble constitution, after having passed the whole of the 7th of June exposed to the rays of a burning sun, returned home in the evening with headache, and pains in the limbs, which persisted on the 8th and 9th. During the night she was unable to sleep, was agitated, and had some delirium. On the 10th some convulsive movements appeared, with trismus, strabismus, and grinding of the teeth. The convulsive symptoms ceased after the expiration of a few hours, and returned again two days afterwards. From this time up to the 17th, the day of her reception into the hospital, loss of speech, stupor, constipation; no bilious vomiting; the patient merely threw up some spoonfuls of tisan. On the 9th, some leeches were applied to the epigastrium; and on the 12th, a blister between the shoulders: the child had also some refrigerating draughts, and simple enemata, and sinapisms had been placed daily on the lower extremities.

June 17th (10th day of the disease). The child presented the following symptoms:— Decubitus dorsal; no renversement of the head backwards; face full; eyelids half open, pupils moderately dilated and moveable; no strabismus; sight preserved. The patient is in a state of stupor, and does not answer any question put to her; shows her tongue when bid, and then falls again into a state of stupor; sensibility of the skin is dulled, but equal on both sides of the body; automatic movements of the left arm, which the patient carries constantly to the nose; the other members are numbed; grinding of the teeth from time to time; the tongue is moist, and covered with a grayish coat; deglutition easy; no vomiting; abdomen indolent; no stool for the last twenty-four hours; pulse 108; respiration 30.

Emulcent decoct.; eight leeches, two to each temple, and two behind each ear; sinapisms to the feet; frictions with acetic ether on the limbs.

During the day constant stupor; the patient does not speak a single word; passes her urine involuntarily.

18. The stupor is less marked; the child answers in monosyllables to some of the questions put to her; makes an effort to show her tongue, but is unable; no convulsive movement; no paralysis; pulse 120; inspiration 36; dry cough from time to time.

Continue remedies, without the leeches.

19. No remarkable change in the symptoms.

20. No answer to questions addressed; low groans from time to time; patient puts

out her tongue, which is dry, and presents some aphthæ on the surface; some diarrhœa has set in, and the abdomen is painful to pressure; pulse still 120; face very dull. To day the appearance of the patient, and the symptoms which she presents, are very much those of a child labouring under typhus fever.

Frictions with Camphor Oil on abdomen—on the limbs with Acetic Ether; teaspoonful of Sulphuric Ether internally.

22. The diarrhœa has ceased, and the stupor has become more deep. Some convulsive movements of the face; no acute cries (called *hydrencephalic* in France); no delirium; the child sighs from time to time; pulse 116. *Blisters to the lower extremities.*

23. At eight o'clock, general convulsions; at nine o'clock, permanent contraction of the right arm, which is demiflexed; carpology in the left wrist; inferior extremities in a state of relaxation; mouth deviated to the left side; pupils dilated and oscillant; strabismus; trismus; two involuntary dejections since the visit; pulse 130; respiration 30.

Three Leeches behind each ear; Blister to the neck.

After the application of the leeches, general convulsions set in; the trismus was so complete, that a single spoonful of liquid could not be introduced into the mouth. Death at six o'clock p.m.

Body examined thirty-six hours after death.

Skull well formed; dura-mater healthy; opacity and milky colour of the arachnoid which lines the convex surface of the hemispheres; under this membrane we find a quantity of troubled serum, sufficiently abundant to form a layer, some lines in thickness, between the membranes and cerebral substance; the quantity of this serosity was so great as to distend the anfractuosities, and even separate the convolutions from one another. The arachnoid, which is thickened, may be detached in layers from one to two inches long, and the pia-mater is not adherent to the cerebral substance; in the parts in contact with the liquid the substance is pale, and seems to have undergone a kind of maceration. The cortical substance is pale and not firm; the fluid effused under the membranes is more abundant on the left side than on the right, and posteriorly more than anteriorly. The membranes lining the base of the skull do not present any alteration. The ventricles contain only a spoonful of clear serum; the central portions of the brain preserve their normal colour and consistence. The rest of the brain and cerebellum is healthy.

Chest.—Old adhesions between the right lung and the pleura costalis; the lung is of a rosy colour externally, soft and crepitant, does not contain a single tubercle. Bronchial glands, heart, and pericardium, healthy.

Abdomen.—The stomach presents some small red bands parallel to its great curve; the rest of the mucous membrane is pale. The portion which lines the great curvature is in contact with a fluid resembling wine-lees in colour, of an acid smell, and is softened; intestinal mucous membrane is pale, and of the natural consistence. The glandulæ agminatæ and solitariæ are scarcely apparent. The mesenteric ganglia are healthy.

Case 2.—Acute Meningitis of the Base of the Brain, with Effusion into the Ventricles, and Softening of the central parts.

(The "Acute Hydrocephalus" of Abercrombie.)

Male, three years. After some days of malaise, intense headache, with bilious vomiting for four days; convulsive movements of the muscles of the face; somnolence; sighing respiration; coma; renversement of the head backwards. Death the fifteenth day; sero-purulent infiltration of the pia-mater at the base of the brain, effusion into the ventricles; softening of the central parts.

Auguste Colson, three years of age, having the skull and thorax malformed, exhibited for a few days malaise, dulness, and a disinclination for movement; when on the 29th of August last, without any known cause, he was seized with very severe headache and bilious vomitings. These symptoms persisted for four days. On the 31st, some convulsive motion of the muscles of the face and limbs; obstinate constipation for the first three days. No active treatment pursued.

On being carried to the hospital, the 1st of September 1835, we observed the following symptoms at the visit of the 2nd.

Child is in a demi-somnolent state, interrupted by low cries now and then; face alternately red and pale; eyelids closed; eyeballs prominent, sensible to the light; pupils seem moderately dilated; senses of seeing and hearing intact; does not answer when spoken to; sensibility of the skin is greatly exaggerated; the least touch makes the child cry out; equally so at both sides of the body; no stiffness or paralysis of the limbs; the left eyelid contracts strongly when we endeavour to examine the eyeball; the other opens with the greatest ease, as if it were paralysed; pulse slow and intermittent, 64; respiration unequal, mixed with sighs, 36; skin moderately warm; tongue natural; one copious vomiting this morning; constipation persists; abdomen supple, is very sensitive to the touch; emission of urine involuntary.

M. Guersent diagnosticated a menin-

gitis of the base of the brain, and prescribed a large blister to the head, a laxative enema, and an emulcent drink.

3. The blister has acted with sufficient energy; the pulse continues slow and intermittent, 56; the respiration is somewhat more accelerated than yesterday, 40; the cerebral symptoms noted yesterday persist, and we now notice that the left side of the face is much less developed than the right, as if from retraction of its muscles; same condition of muscles of eyelids as yesterday; no strabismus; constipation persists in spite of the enema. The child appears less cross than yesterday.

Oxymel; Mustard Foot-bath; Purgative Enema; keep open the Blister.

4. The face colours brightly whenever the child is excited; the drowsy state persists; machonnement now visible; no convulsion or paralysis of the limbs; same state of eyelids as before; and we now find that the right cheek is less sensible than the left, and that the right pupil is a little more dilated than the left; no acute cries; pulse is less irregular than yesterday, 72; respiration unequal, 54; the abdomen still very sensible to pressure; the right arm is less sensible than the left; legs equally so. Three stools produced by the enema; the skin is now very warm, almost burning hot. In the evening an exacerbation; pulse 116; skin much more warm than in the morning of the 3rd.

5. The child is not much assoupi, as during the former days; does not evince the same sensibility when touched; abdomen not so tender as before; he sighs from time to time; skin not so warm as yesterday; pulse 112, very irregular; respiration very unequal, 32 to 36; one stool; same alternations of flushing and paleness; general symptoms the same as yesterday. In evening at four o'clock, a slight exacerbation, which lasted till five o'clock. *Continue remedies.*

6. To-day the child is able to sit up in bed without support, and there was but little stupor during the night; the left cheek is now very much flushed, the other one pale; the abdomen is still slightly tender; two liquid yellow stools; pulse varies from 112 to 124, is regular; respiration quick, regular, 52; skin warm; pupils moderately dilated; we still observe the peculiar sighing from time to time.

Oxymel; simple Enema; Foot-bath; suppuration to be kept up. Diet.

7. Child lies quiet in bed; eyelids wide open; very little stupor; same alternate flushing of the left cheek only; same contraction of left, and complete relaxation of right eyelid; skin warm; pulse regular, 106; right cheek is less sensible than the left when we pinch them with the nails; right arm seems relaxed, for when we raise it up, it drops down deadly on the side; the angle of the mouth seems a little prolonged towards the left side; no convulsive motions or cries.

Oxymel; Calomel, gr. iv; *Purgative Enema if required. Diet.*

9. One small stool after the enema; pulse regular, 104; respiration from 34 to 36; thirst; but little change since yesterday; skin warm; not much stupor; same state of eyelids as before; no vomiting since the first one; no convulsive movement; no rigidity or relaxation of the limbs.

Oxymel; Calomel gr. vi; *Purgative Enema if necessary.*

Immediately beneath the above notes (which are here much curtailed), we find the following observations in our *portefeuille*:—

"If we had seen this child to-day for the "first time, and had not known the history "of the case, or observed the symptoms "and their march very closely, we should "have found it extremely difficult to form a "diagnosis. The stupor or sleepiness peculiar to meningitis was now barely perceptible; the pulse and respiration had "now become regular, and very nearly natural; they were not *slow*; in fact there was "no symptom of cerebral disease to be observed, except the constipation, the difference, so well marked, of contractility "between the two eyelids, and the difference "in bulk between the two sides of the face, "which latter symptom, besides, might very "easily have escaped notice, as it was not "striking. We confess the appearance and "state of the child to-day have much staggered us; however, from a consideration "of what has preceded, we find ourselves "compelled to conclude, that he *ought* to "have meningitis, and that in consequence "the case will be fatal."

9. No cries during the night; no vomiting; no stool. When we came into the ward we found the child sitting up in the bed, without any support, and presenting a sufficiently natural appearance. The face is pale; no flushing now observed; no convulsive motion of face or eyes; some grinding of the teeth; skin cool; pulse small, sharp, regular, and equal, 134; the right arm has to-day recovered its motion,—on the contrary it feels a little stiff; child still sighs occasionally; respiration quite regular, 32; thirst; deglutition is quite easy; abdomen tender to pressure; no phenomenon of motility, or change in sensibility of limbs.

Oxymel; Calomel gr. viii; *Purgative Enema.*

10. To-day is a little sleepy, but not so much so as in the first days; two stools; no cries; face pale; no change of colour remarked for last two days; skin very little

warm; pulse regular, 120; respiration quiet and regular, 38; some contractility of left orbicularis muscle, which prevents us from examining the state of the pupil; right one, though now slightly contractile, is easily opened; no contraction or relaxation of extremities, or rigidity of trunk; abdomen neither ballonne nor retracted, tender.

Oxymel; Calomel gr. ix; a little rice. At three o'clock p.m. a slight exacerbation.

11. Stupor; a little sighing from time to time; face pale; no change in its colour; both orbicular muscles to-day contract most powerfully when we attempt to open the eyelid; pupils very slightly dilated; skin cool; pulse very small, 130 to 140; respiration very irregular, 22; right arm now cannot be flexed easily, and left arm cannot be extended; three stools; abdomen tender. *Remedies as before.*

12. During the day, yesterday, the child became quite stiff at different times; during the day also he frequently carried his hand to the head, but uttered no complaint; now lies quietly on back; lids open; eyes rolling upwards; upper extremities stiff, as also the right lower one; pupils dilated, immoveable; conjunctivæ injected; pulse very small, 140; respiration 36; face very pale; skin cool.

Death at five o'clock a.m. on the 13th.

Body examined on the 14th at nine o'clock.

The *spinal marrow*, which was the part first examined, presents a natural appearance. Nothing observable except some injection of the membranes at the inferior part.

Brain examined from below upwards. The membranes covering the right side of base not more injected than natural; on the left side the whole blunt end of the middle lobe, immediately behind the fissure of Sylvius, presents, for the space of two to three inches long by a half broad, a straw-coloured infiltration under the arachnoid; here the membranes are adherent and thickened, but the membranes themselves here, or in the surrounding parts, do not exhibit the red vascular appearance of recent inflammation.

On the upper surface of the brain the difference between the appearance of the two hemispheres was most remarkable; on the right side the injection of the vessels of the pia-mater was moderate, perhaps a little more than natural: on the left side the whole surface of the hemisphere is covered with fine vessels, and between the convolutions the trunks ascending from the base of the brain are excessively gorged with dark blood; here and there we observe some rosy spots under the arachnoid, as if from the infiltration of bloody serum. The medullary substance of the left side is also much more injected than that of the right. We do not observe any granulations in the pia-mater.

The ventricles are considerably developed posteriorly, and contain about three ounces of clear serum. The inferior surface of the corpus callosum, the fornix, septum lucidum, &c., are very much softened, and reduced to a pulp; the floor of the ventricles is of a pinkish hue. Cerebellum and medulla oblongata healthy.

Lungs healthy—merely some tubercular matter in the bronchial glands.

Abdomen not examined.

In this last case a blister to the head was the only treatment employed; but we are not to conclude that M. Guersent has recourse to no other means. We have repeatedly seen him try bleeding, especially local purgatives, and a long-continued stream of cold water on the head (for eight days without intermission): but as *all* those cases in which blood-letting was employed terminated fatally, he wished to observe the march of this affection under the influence of other remedies.

SALIVARY CONCRETION.

To the Editor of THE LANCET.

SIR,—Considering that the enclosed case of salivary concretion is such a one as is very rarely met with, I forward it for insertion in your widely-circulated periodical, and subscribe myself, Sir, yours,

T. C. SYMPSON, Surg.

Lincoln, Sept. 24, 1835.

Mrs. Wise, of Branston, called upon me about two years since to have a tooth extracted, which she described as being a very ugly one. Upon examination I found the two molares of the superior maxillary bone completely hidden in a growth of apparently bony substance, which projected so much externally as to disfigure the face, and possessed great firmness of attachment to the jaw, on touching it, with hardness, and the enamelled appearance which is frequently noticed in exostosis of the jaw. The projection being outward, I told her not to alarm herself, but to call upon me every three or four months, which she did until the last three months. When she last called, it was with a very joyful countenance, to inform me that the whole substance had fallen off on the night previous, at supper time. The concretion is now in my possession. It is divided into one large and two very small pieces, the whole weighing 115 grains. The

projection of the larger piece from the base is three-fourths of an inch; its length is one inch and a quarter; it is of a yellowish-white colour, and has a rather conical appearance, the apex, when attached to the teeth, being directly opposite Steno's duct.

The only conjecture that I can form respecting its formation is, that, as the saliva had passed from the duct, an abnormal deposition of tartar formed an incrustation, which gradually (near six years) accumulated until it had attained the extraordinary size I have above detailed.

It is worthy of notice, that there has never been the slightest accumulation of tartar on the left side, nor from the submaxillary glands.

CASE IN WHICH MR. WORTHINGTON PERFORMED

PARACENTESIS THORACIS.

To the Editor of THE LANCET.

SIR,—Will you allow me to make one or two observations on the case of paracentesis thoracis, which is published at page 801 of THE LANCET of September the 19th.

It appears to me that Mr. Worthington has fallen into error in describing the case which he treated so judiciously as one of hydrothorax, and that he errs still more when reasoning upon it. He adduces it as an instance of *primary* hydrothorax, repudiating the opinion of Mr. Lawrence as to the rarity of such an affection. I differ from Mr. Worthington in his diagnosis, for the following reasons.

First, Mr. W. states that "the fluctuation of the contained fluid could be distinctly heard by the patient and bystanders, on *succussion*. It is a well-known fact that in order to render the fluctuation of a fluid in the pleural cavities perceptible to the ear, the presence of *air* is absolutely necessary in addition to the fluid, and that the only disease in which this phenomenon is observed is that of pneumo-thorax, of which if is pathognomonic.

Secondly. Mr. W. describes the fluid which he evacuated as being "sero-purulent." Now, I apprehend that in essential hydrothorax the fluid must be of a serous nature. If not, whence the purulent tendency? It must arise as a product of inflammatory action. If in the lung or the pleura, it cannot be termed "primary," "essential," or "idiopathic hydrothorax." In chronic pleurisy we frequently have effusion into the pleura of sero-purulent fluid, but we should hardly call such an affection "primary hydrothorax."

Thirdly. In six thousand cases which came under the observation of Andral, perhaps the first pathologist in the world, there were only five in which the hydrothorax was not found to depend upon organic disease. (*Vide Clinique Medicale.*)

From these facts, and from others mentioned in the history and symptoms of the case, I think Mr. Worthington would have been more correct had he denominated the case, "empyema complicated with *pneumothorax*." Hydrothorax, in the true meaning of the word, it certainly cannot be denominated, and, consequently, the deductions drawn from it against the opinions of Lawrence, Andral, Laennec, in fact, of all modern pathologists, are incorrect.

In empyema the operation has frequently been performed, and occasionally with success; and I consider that Mr. Worthington's treatment of the case reflects great credit on his judgment and skill. The observations which I have ventured to offer I am sure he will receive in the spirit in which they have been made, the elucidation of truth being my only object. I am, Sir, your most obedient servant,

CHARLES ROBERT BREE.

Stowmarket, September 23, 1835.

ANCIENT AND MODERN NEGROES.

To the Editor of THE LANCET.

SIR,—From a learned work, printed a short time since, entitled "Anacalypsis," and written by the late Godfrey Higgens, I have made some extracts, which relate to a portion of the early history of our race, and, as I conceive, bear reference to a part of the inhabitants still existing on our globe.

This communication, although not *strictly* of a medical nature, yet may be deemed replete with interest, as connected with those extensive views which our science naturally embraces. Truly appertaining to the natural history of man, upon which subject your columns at various periods are pregnant with information, viewing it in its physical and moral aspects, I trust it will be thought that this article has not intruded into a quarter which might have been more legitimately and more profitably occupied. May I therefore request its insertion in your widely-diffused periodical, in the hope that some of the scientific readers of THE LANCET, whose investigations have been directed towards such matters, may be enabled to adduce some arguments, or disclose some facts, tending to elucidate the apparent inconsistency, or altogether to remove the presumed resemblance?

Extracts.

1. "It was the opinion of Sir William Jones that a great nation of *blacks* formerly

possessed the dominion of Asia, and held the seat of empire at Sidon. These must have been the people called by M. Maurice 'Cushites,' or 'Cuthites,' described in Genesis; and the opinion that they were blacks, is corroborated by the translators of the Pentateuch, called 'the Seventy,' constantly rendering the word 'Cush' by 'Ethiopia.'

2. "The religion of Buddha, of India, is very ancient, as is well known. In the most ancient temples scattered throughout Asia, where his worship is yet continued, he is found *black as jet*, with the flat face, thick lips, and curly hair of *the negro*. Several statues of him may be met with in the museum of the East India Company. There are two exemplars, brooding on the face of the deep, upon a coiled serpent. To what time are we to allot this negro? He will be proved to have been prior to the god called "Cristna." He must have been prior to, or contemporaneous with, the black empire, supposed by Sir W. Jones to have flourished at Sidon. The religion of this negro god is found, by the ruins of his temples and other circumstances, to have been spread over an immense extent of country, even to the remotest parts of Britain.

3. "Eusebius states, that the Ethiopians settled in Egypt in the time of Amenophis; they came from the river Indus, and planted themselves south of Egypt.

4. "Philostratus says, that the gymnosophists of Ethiopia, who settled near the sources of the Nile, descended from the Bramins of India, having been driven thence for the murder of their king.

5. "Eustasius also states, that the Ethiopians came from India.

6. "The superior antiquity of India is shown by Baily, and many other learned men.

7. "The Ethiopians are stated by Herodotus to have come from the Indus. Memnon, who was sent to the siege of Troy, and was killed by Achilles, Virgil describes as having been *a black* (*Æneid*, lib. i), as does also Pindar (*Olymp.* Od. ii; *vide* Diss. of Bishop Hewet, ch. xiii, p. 185). That Pindar and Virgil were right, the features of the bust of Memnon in the British Museum prove, for they are evidently those of the negro.

8. "Mr. Wilsford, in his treatise on Egypt and the Nile, in the 'Asiatic Researches,' informs us that *many very ancient statues* of the god Buddha, in India, have *crisp curly hair*, with *flat noses* and *thick lips*. Nor can it reasonably be doubted that a race of negroes formerly had power and pre eminence in India. This is confirmed by M. Maurice, who says 'the figures in the Hindoo caverns are of a very different character from the present race of Hindoos: their countenances are *broad and full*, the *nose is flat*, and the *lips*, particularly the *under lip*, are *remarkably thick*.'

9. "This is again confirmed by Col. Fitzclarence in his journal; and Maurice, in the first vol. of his Indian Antiquities, states that the figures in the caves of India, *are absolutely the same as those in Egypt described by Bruce, Niebuhr*, &c.

10. "Justin states that the Phœnicians being obliged to leave their native country in the East, they settled first near the Persian Gulf, and Maurice says, 'We find an extensive district, named Palestine, to the east of the Euphrates and Tigris. The word Palestine seems derived from *Pallisthan*, the seat of the Pallis or Shepherds.' *Palli* in India means *Shepherd*. This, coupled with the Shepherd Kings of Egypt, confirms Sir W. Jones's opinion in a striking manner, respecting a *black* race having reigned at Sidon.

11. "Sir W. Jones says, 'the Mountaineers of Bengal and Bahar can hardly be distinguished in some of their features, particularly in their *lips* and *noses*, from the modern Abyssinians, whom the Arabs call the children of Cush.'

12. "In my essay on the Celtic Druids, I have observed that a great nation called 'Celtæ,' of whom the Druids were the priests, spread themselves over almost the whole earth, and are to be traced in their rude gigantic monuments from India to the extremity of Britain. What these can have been but the early individuals of the *black nation*, of whom we have been treating, I know not, and in this opinion I am not singular. The learned Maurice says 'Cuthites, *i. e.*, Celts, built the great temples in *India* and *Britain*, and excavated the caves of the former.' And the learned mathematician, Reuben Burrow, has no hesitation in pronouncing Stonehenge to be a temple of the black curly-headed Buddha."—p. 52.

If it can be admitted with the learned author from whom I have quoted, that the most ancient race of which we have any record, either in the pages of history, or in the gigantic cavern sculptures of the east, or in traditionary legends, were *black*, and in physical conformation and visible aspect similar to the race of negroes which at present exists, by what means can we account for the degraded condition of the latter? How reconcile the vast intellectual distinction between them?

I think it will be readily allowed that the negro nations, so far as we are acquainted with them, are fitted, neither by physical capabilities nor by moral attributes, to become the founders or rulers of great kingdoms. We perceive that year after year, and century after century, to them brings no change. We observe that their habits and their customs remain unaltered; that in no respect do their intellectual endow-

ments appear to advance with the experience of years, and the most that can be stated in their favour is this, that they have remained stationary from the period of their first introduction to civilized man. How, then, were their presumed predecessors enabled to assume so commanding a situation, to attain to so proud an elevation among the empires of the world? By what means did they arrive at such eminence in scientific knowledge and mechanical ingenuity? In what manner did they extend their fame and influence into almost every region, however remote?

A query naturally suggests itself, Can the existing African negroes be the descendants of this widely-spread, intelligent, and refined race? Can the being so low in the scale of intellect as the negro is represented to us to be, be connected by consanguinity with this exalted people? If it be answered in the negative, where—to what country—shall we look for their continuance? Where are their descendants in skill, knowledge, and refinements, possessing the same external physical conformation?

Statius somewhere mentions that Jupiter was a *black* deity. We have seen that Buddha was *black*. The Corinthians worshipped a *black* Venus. Osiris was described as *black*. The Virgin Mary of the Romish church was *black*, and that Christ was supposed to be *black*, is apparent by a reference to numerous images in most of the continental cathedrals. Here then we have strong presumptive evidence of the superior attributes and perfections of an antecedent dark-coloured race.

If the query which I have above suggested be answered in the affirmative, to what chain of causes are we to affix the great debasement of the present existing negro? To what source are we to turn for satisfactory reasons for such a manifest and striking difference in the intellectual endowments and sagacious actions of the same people of two different periods?

Without presuming to offer an opinion, but merely to afford a hint for investigation, I would ask whether the solution of the difficulty can be advanced by the following attempt at explanation? A succession of conquests, with other political and social causes combined, forced these black descendants of the Palli, or Indio-Egyptian shepherd kings, and the tribes belonging to them, to emigrate progressively further into the interior of the vast continent of Africa, where at length they find a secure and unmolested haven from their toils and sufferings, unworthy of the ambition and uninviting to the cupidity of their neighbours. The intense heat of the climate, the sterility of the soil, and the unimprovable appearance of the whole face of the country, would be sufficient to ward off all intruders, whether hostile or commercial. Remaining for centuries in this isolated condition, they continued a distinct and unmixed race. The powerful stimuli of foreign war, of commercial intercourse, of social improvement, being absent, their minds became contracted and weak. Succeeding generations adding to the stolidity of their progenitors, became still more depressed in mental energies, and after the lapse of many ages, they reached the degraded and melancholy condition which they now exhibit. Finally, having little or no intercourse with the rest of mankind, and a very limited range for the exercise of their intellectual and moral faculties, the gradual disuse of those powers which were originally implanted in them, may have created that result on their cranial configuration and intellectual manifestations, which, under somewhat analogous circumstances, phrenologists have frequently observed. I remain, Sir, your ever-instructed reader,

T. C. GIRTIN, Surgeon.

Islington, Sept. 19th, 1835.

INFLAMMATION OF THE LUNG

IN

NEW-BORN CHILDREN.

In a late Number of the *Berlin Gazette* (*Medic. Zeitung*), July 29, 1835, we find a notice of a disease affecting children immediately after birth, which the author, Dr. KLUGE, is inclined to range under inflammation.

The disease has been observed from time to time in the *Charity Hospital of Berlin*, particularly in April 1832, when, several fatal cases occurring, it gave rise to a more careful examination of its symptoms and nature. The following abridged case will give an idea of its march:—

Louise Bielecke, 29 years of age, healthy and well formed, was delivered on the 7th of May of a healthy child, weighing seven and three quarters pounds; the child presented no trace of disease, but seemed strong and lively, and immediately took the breast; about twenty-four hours after birth, the child began to exhibit for the first time, a pale colour of the skin, restlessness, and agitation, uttering short, broken, piercing cries. After the lapse of about half an hour, the skin assumed a dull-gray colour, which, on the hands, nose, and about the mouth, passed into a gray-blue. Symptoms of disorder in the respiratory organs now immediately set in; the cry presently became weaker, and was attended by a short, broken cough, accompanied with violent efforts,

and during which the child became very rigid. The temperature of the skin was diminished; the pulse frequent. A single leech was applied immediately to the chest, and one grain of Calomel with two grains of Carb. Magnes. was given internally. A slight remission now occurred for about half an hour, when the respiration again became quicker, the skin of a darker colour, the face deep blue, the breath cool, the extremities cold, and the infant died in a state of suffocation, six hours after the first appearance of the symptoms.

The *autopsy* was conducted by Dr. Frorier, Prosector at *La Charité*.

The upper part of the body, down to the edges of the ribs, was of a deep-blue colour; the veins on the upper surface of the brain and sinuses were much engorged; the brain itself much injected, and some fluid blood was found in the base of the skull after the removal of its contents. In the abdomen nothing abnormal; the veins not much distended with blood. In the neck the nerves healthy, the arteries empty; but the veins excessively distended; the jugular vein had the diameter of a large goose-quill. This excessive fulness of the venous system extended to the subclavian vein, and jugular and vena cava superior, while the inferior cava and its branches were only moderately distended. The membrane of the trachea and bronchi was bluish, but not softened; heart normal; the foramen ovale open; in the left side only a small quantity of coagulated blood. The right side and the pulmonary artery gorged with blood; the ductus arteriosus open. The lungs of a blue-red colour; at several points of the lung, especially inferiorly, the pleura pulmonalis was separated from the parenchyma, by a troubled brownish fluid. The deep-red portions of the lung swim in water; the dark-blue portions, which are solid and not crepitant, sink quickly to the bottom.

The most remarkable symptom by which this affection of the lungs in the new-born children was preceded, consisted in a change in the colour of the skin, which from its natural red tint became pale or ash-gray (as in the commencement of cyanosis), and lost its heat. As soon as this colour had been fully established, the pulmonary symptoms set in, but were never accompanied with regular cough. When the characteristic coloration of the skin was noticed sufficiently early, before the development of the pectoral symptoms, the application of one to two leeches, with the internal use of calomel, was in general sufficient to save the patient's life; but at a later period every treatment failed. The coloration of the skin preceded the symptoms of derangement in the respiratory organs by several hours; in some cases even by twenty-four hours.

Dr. Frorier considers the disease just noticed as a true inflammation of the lung, and not as a consequence of mere congestion. 1st. From the examination of the lungs, which contained a gray-brown troubled serosity (the product of inflammation in its first stage), analogous to the product in gray hepatization.

2nd. From the symptoms during life, and particularly from this circumstance, that although the brain was excessively congested, little fluid was found in the cavity of the arachnoid, while the changes in the lung were much more remarkable under a lesser degree of congestion.

SPONTANEOUS CURE OF A TRAUMATIC CATARACT.

The question whether cataract admits of any cure otherwise than by an operation, has long been debated in surgery. Many writers deny the possibility of its being removed by absorption under the influence of external treatment, while one or two French surgeons of the present day (who pass by-the-by for charlatans in the profession) oppose with warmth all idea of operating, and profess to cure cataract in all its stages by simple medical applications. The case now before us, however, seems sufficiently authentic to deserve consideration.

In the month of January 1834, Dr. Paolo Gerson was called in to visit Francesco Brussi, a child five years of age, who had received a stroke from a sharp-pointed knife in the right eye. Seen two hours after the accident. The little patient presented the following symptoms: a portion of the aqueous humour had escaped; the iris was uninjured, and did not prolapse beyond the small wound in the lower part of the cornea; however, the crystalline lens appeared somewhat troubled, and the surgeon was led to conclude that it was injured, particularly as the patient saw very little with the eye, although the pupil and iris were in a normal state. The child did not complain of any pain in the orbit, and though no symptom of inflammation declared itself, the fear of secondary cataract induced the author to apply six leeches round the temple, and give a gentle purgative medicine. At the end of three days no unfavourable symptom appearing, the case was left to nature. At this period the

formation of a cataract was very visible. There was a cloudy spot in the eye, and the edges of the wound showed a tendency to unite with the subjacent portion of the iris; an astringent collyria was ordered, to combat the opake spot, which produced an excellent effect, and after three days the child was permitted to amuse himself as usual. The parents were recommended not to employ surgical assistance, for the removal of the cataract, in too great a hurry. Four months had elapsed, when M. Gerson was again called in to see the patient, whose parents entreated him to undertake an operation. On examining the eye he perceived that absorption of the cataract had already commenced; there was a small perforation in the centre of the cloudy body. Extract of belladonna was now rubbed over the eyebrow, and the dilatation of the pupil permitted this fact to be established beyond any doubt. As the pupil gradually dilated, the absorption was seen to proceed, and was ultimately completed.—*Il Filoit. Sebezio.*

NEW PRINCIPLES IN OPIUM.

Two new principles have been discovered in opium by M. Pelletier, who thus names and describes them in the *Journal de Pharmacie* for September:—

Paramorphine.—This substance is white, scarcely soluble in water, and very soluble in alcohol and in ether. Even in cold water it has a bitter and styptic taste. By spontaneous evaporation, it crystallizes in needles, which adhere to the sides of the vessel. It is slightly soluble in the acids; the alkalies precipitate it from its solution, and an excess of alkali does not redissolve it, unless the alkaline solution is very concentrated. The solutions in acids never yield crystals; the evaporation only furnishes small yellow plates. It is not volatilized at a high temperature, but it is decomposed in the same manner as the other vegetable alkalies, yielding nitrogen compounds. It differs from morphine in its not being reddened by the action of strong nitric acid, and in its not forming crystallizable salts with the acids; nor is it changed to a blue colour by the salts of iron. It resembles *codeine* by its solubility in alcohol and in ether, and by its alkalinity; but it differs from it in not forming large crystals, nor forming crystallizable salts, and in its being precipitated from its solutions in acids by ammonia. It has no analogy with *narceine* or *nicotrine*. The only substance which paramorphine nearly resembles is narcotine; however, the difference of the taste, of the fusibility, and of the solubility in alcohol, is sufficient to distinguish the one from the other.

Pseudo Morphine.—It is but slightly soluble in water, and still less so in alcohol and in ether. Alcohol at 36° R. takes up a little more; solution of ammonia does not sensibly dissolve it; the solutions of potass and soda dissolve it in large quantity, and on saturating the alkalies by an acid, it is precipitated; an excess of acid seems to slightly favour its solution. Strong sulphuric acid turns it to a deep brown and changes it. Nitric acid acts on it in the same way as on morphia, and produces an intense red colour, and, finally, converts it into oxalic acid. The most remarkable property of this substance is the intense blue colour which it strikes with the persalts of iron, especially the permuriate. This colour disappears when there is an excess of acid, in the same way as morphia does. The affinity of this substance for the oxide of iron is such, that although it resists the solvent power of sulphuric acid, and is dissolved only in small quantity by hydrochloric (muriatic) acid, yet the permuriate of iron dissolves a considerable quantity of it. This solution is of a fine blue colour. When heated, it becomes of a dirty green; on adding a little ammonia, there is a slight precipitation, and the liquor takes the colour of Alicant wine, and the organic matter cannot be removed without complete decomposition. These phenomena are nearly the same as those presented by morphia when similarly treated. When submitted to the action of heat, the *pseudo morphine* does not volatilize; it does not undergo complete fusion, it is decompesed at the moment it seems to become soft. Distilled in a glass cucurbite, it yields a little oil, and a little water slightly acid, but from which potass disengages ammonia. A large quantity of carbon is condensed when the cucurbite is exposed to the air.

The following is the analysis of the substances compared with morphia, according to M. Liebeg:—

	Paramorphine.	Pseudo Morphine.	Morphine.
Carbon	71.310	52.74	72.340
Hydrogen ..	6.280	5.81	6.360
Nitrogen ..	4.408	4.08	4.995
Oxygen ...	17.992	37.37	16.299

ANATOMICAL SOCIETY OF PARIS.

Extracts from the Bulletin of the Society, No. 1, September, 1835.

M. Cruveilhier announced to the society "a new cause of shortening of the thigh,"—viz. depression of the cotyloid cavity into the pelvis. In the female who presented this disposition, the femurs, measured with care, did not offer the slightest difference in length.

M. Guerard presented an example "of a solitary acephalocyste of the brain." It was found in the centre of the middle lobe, and projected both into the lateral ventricle, and at the surface of the brain. It was as large as a large hen's egg; weight four ounces one-eighth; the surrounding cerebral substance was perfectly healthy. The patient had been affected with incomplete paralysis of the limbs on the opposite side. The tongue preserved its natural mobility.

M. Fournet presented a specimen of "old hemorrhage into the cavity of the arachnoid." A sac formed of smooth transparent parietes was found between the two layers of the arachnoid; it contained some serous fluid, and was adherent to cerebral serous membrane, at the level of the small wings of the sphenoid bone. The patient, a man of forty years of age, entered the hospital with delirium, slight deviation of the mouth, and great feebleness of the right hand; he had already experienced similar attacks three times, from which he had completely recovered.—The same member presented a second example of hemorrhage into the arachnoid, but here the disease was more recent. The parietes of the cyst were reddish, and strongly adherent to the parietal serous membrane. The sac contained a bloody liquid. The patient had been affected with complete hemiplegia *on the same side* as the effusion.

M. Vernois presented a section of the facial nerve effected in the aqueduct of Fallopius by an old caries of the bone. The patient had been affected with complete loss of movement in the muscles of the face on the same side, but the sensibility remained intact.

M. Cruveilhier presented a new example of "an ulcer of the stomach cicatrized." This case was perfectly analogous to those which have already been exhibited to the Society at different times. M. Cruveilhier had at an early period diagnosticated ulcer of the stomach, and on several occasions he has been able to pronounce with certainty on the existence of this affection. The following are the chief symptoms upon which he insists. The patient has, almost always, vomiting of blood; he recovers, and has a relapse in a short time. The digestion is difficult, the abdomen is the seat of colicky pains; he also passes blood by the rectum, and the region of the stomach is affected with a gnawing kind of pain, but we perceive no tumour. A symptom upon which M. Cruveilhier lays a good deal of stress is the existence of *a dorsal stitch* (*point rachidien*), that is to say, a severe and continued pain near the end of the dorsal vertebræ behind; this is a phenomenon which he has very frequently met with. The symptoms go on increasing, and the patient dies from an abundant hemorrhage. The professor considers this as a disease by no means so rare as is imagined.

M. Berard presented the intestinal canal of a female, who, in an access of mania, had cut out two feet of the intestine. This case gave rise to several practical observations of importance. The ileus was furnished with valvulæ conniventes nearly down to the cæcum, a circumstance by which the operator was led into an error; for, regarding the wound as having its seat not far from the stomach, he attempted to unite the gut by suture, instead of trying to establish an artificial anus.

M. Berard also noticed a second error into which he was led by following the method proposed by several authors for distinguishing the superior and inferior orifices of the intestine, viz. the greater contraction of the inferior orifice. In the present case, relying on the indication just mentioned, the surgeon had invaginated the inferior into the superior orifice, as was shown by the autopsy; though no ligature had been placed round the vessels of the epiploon, no effusion of blood took place into the cavity of the abdomen. The patient lived for thirty-six hours after the operation, but no trace was found of adhesion between the two layers of the serous membrane placed in contact according to M. Jobert's method. A discussion took place on the presence of valvulæ conniventes prolonged so far as the cæcum, in cases where the intestinal canal was remarkably short, as in the present one. A great many members thought that they were merely folds of the mucous membrane thrown up by the contraction of the muscular fibres. M. Rufz said that M. Maniere had seen about twelve cases of peritonitis in which the small intestine was very short, and the valvulæ were prolonged as far as the cæcum.

The President referred a good deal of these appearances to anatomical varieties; he had seen the small intestine vary from eleven to twenty-one feet; and in one case of peritonitis it only measured seven feet.

M. Gabiel, at the meeting of the 12th of March, read the history of the case of a young man who had fallen from a second floor, and died in a very short time after the accident. Amongst other injuries was found a rupture of the left auricle of the heart. The pericardium contained from five to eight ounces of fluid blood; and the base of the appendix of the left auricle presented a lacerated opening which admitted the end of the little-finger. At the level of the entrance of the dental canal posteriorly was found a complete fracture of the bone, though in front, under the mas-

told muscle, there was no trace of solution of continuity. This latter circumstance is the more worthy of notice, since Boyer has positively denied the possibility of incomplete fracture.

THE LANCET.

London, Saturday, October 3, 1835.

THE present Number of THE LANCET, although it will be dated October the 3rd, will be in the hands of the medical students of this metropolis on October the 2nd. The 1st of October is generally the first day of the medical session, but it is seldom that the business of the session is actually commenced until the first Monday in October, and until that time arrives it rarely happens, we believe, that the students determine on the respective schools which they will attend; and their just and reasonable irresolution induces them, for a while at least, to withhold the payment of those fees which are so mercilessly extorted from them under the operation of the certificate system. This Number of THE LANCET, therefore, will be placed before them at a time when a few words of advice, relative to their immediate proceedings as students of medicine, may prove satisfactory to their minds, and valuable as to their future prospects.

The students will have already learned, from the regulations which have been issued by the incorporated medical bodies,—the self-dubbed "heads" of the profession,—that an immense number of lectures—NEARLY ONE THOUSAND—must be attended in a given time, and that the practice of some hospital or infirmary must be paid for, even if it be not seen. Now, as the law in its present most odious state requires that medical students should expend money for what is denominated "knowledge" when they visit this metropolis previous to their examination at the College and the Hall, there can be no reason, as the money *must* be laid out, why it should not be disposed of to some advantage. When a young gentleman departs from his native town, after having served an apprenticeship to an intelligent practitioner for the purpose of entering the medical schools of London, it is regarded by his relations and friends as one of the most striking events that can happen during his life; and by parents and guardians it is frequently considered, and with much justice, that the result of the trial which the youthful mind will then undergo, must determine the future conduct and character of the individual. If matters were differently ordained in our profession,—if the accursed monopolies were destroyed,—if the present obnoxious laws were repealed,—students would be left free to visit the metropolis for the purpose of being examined at once, under the scrutiny of a National Faculty of Medicine, or (if they thought proper) to bend to an inclination for acquiring such additional knowledge as our hospitals and schools could afford. The restrictions, however, which are now imposed on their conduct, with respect to the production of the certificates of "recognised" hospitals, schools, and teachers, require that a certain amount of money should be paid as the sign, virtually, that they have been compelled to submit to a double sacrifice,—a pecuniary one in the first instance, and the loss of time as a consequence. Oh! it is a frightful, a barbarous system,—a perfect mockery of the principles which should regulate the measures by which knowledge is to be acquired,—a mockery of the reward which should be afforded to scholastic zeal and industry,—a fraud hitherto practised successfully on talent,—a bonus willingly presented to the negligent and the ignorant. Nothing but a feeling of the most paramount necessity could have induced us to urge upon medical students, in many of the preceding numbers of this Journal, the propriety of strictly conforming to the regulations of the College of Surgeons and Apothecaries' Hall.

Although the current of improvement in medical affairs has been flowing on with considerable activity within the last few years, yet so uncertain are human events, that it has been impossible to predict with any degree of certainty when the Augean stable of medical abuses will be wholly cleansed. We again advise students, therefore, to comply with the regulations which have been issued by the different medical boards, because we are desirous that their introduction into the profession, as legally-qualified individuals, should not be retarded by the extortions which are practised on their pockets. A few days observation will convince them of the truth of all that has been stated in THE LANCET relative to the iniquity of the ticket and certificate system. Still, as the "tickets" must be purchased in order to obtain the "certificates," and as the "certificates" must be presented to the Examiners before the licenses and diplomas can be acquired, the student is called upon, by the obligations which he owes to his parents, and by other considerations, if not of a filial, at any rate of a prudential character, to make at least the attempt to acquire information at the schools and hospitals of which he may become a pupil. Some of our lecturers are men of industry and attainments. Moreover, many of them are stimulated by an earnest desire to execute their self-imposed duties honourably and consistently. Of other teachers no such language can be held. Their industry often ends with the second week of October. How are the students to discriminate? This is a question most easily proposed, but not so easily answered, either by ourselves or by others; because we find in the reports which are communicated to us by pupils, that a lecturer who may be energetic and instructive during the session of one year, is sluggish and uncommunicative in the session of another year,—circumstances of conduct which will not be regarded as incompatible events, when it is borne in mind that the whole of the present system, although there is in it much of competition, is indebted for its maintenance to the monopolies in our chartered medical corporations. The "certificates" must come from "recognised" schools, otherwise they are spurned by the Courts of Examiners. The student may have passed the whole of his life in the hospitals and dissecting-rooms of Paris,—he may present himself for examination with his mind well stored with a knowledge of all the principles and facts of medicine; but he would be scouted, he would be in danger of a kick from the sturdy beadles, at the doors of the colleges and halls, unless he had purchased "tickets" or "testimonials" from men whom it is very probable that he would himself be capable of instructing.

As we have already stated, a student may have laboured with the greatest possible assiduity with a surgeon in a country town of England. Still he is subjected to precisely the same treatment when he visits the schools and colleges of the metropolis, as though he had not acquired an elementary knowledge of a single branch of the profession. Whatever, we again repeat, may be the attainments of any student in the science and practice of medicine when he reaches this metropolis, he will here find new sources open to him, which he may render available to the purposes of study and improvement. Our hospitals are capacious; they contain an immense number of patients; and some of the schools are regulated by gifted and instructive teachers. In some of the hospitals, the medical officers attend with regularity. In others they attend most irregularly; and in some of them all the medical officers actually attend at the same hour, in order, as it would appear, to prevent the students from having the opportunity of observing more than one-third of the practice. Having, however, resolved, a month since, not to allude specially to any one of the schools as an object of advantageous comparison with the mass of those institutions, we take this opportunity of recommending the students to examine, with the utmost care and attention (after having heard as many of the teachers

as they can find time to estimate, and after seeing as many of the schools and hospitals as they have leisure to inspect), the prospectuses which have been issued from the different establishments, when, on finding that the promises of the performers are suited to their mental wants (to the wants of the students), they have only to determine that those promises shall be fulfilled when the fees are paid, and to take care to obtain for themselves at least the execution of those duties which the fee-takers pledge themselves so liberally to execute. If a single class of students would but act with spirit in this respect, it would operate with sudden and prodigious effect in improving the condition of the students throughout all the medical schools of the empire. Hitherto, the prospectuses appear to have served no purpose, after the first or second week of every medical session, beyond that of enticement. But the lecturers act most unjustly towards the students if they make pledges which cannot be redeemed, and have no right to complain if, for their delinquency, they are held up to the indignation of the public.

At our public hospitals no entrance fees ought to be paid. They are public institutions possessed of enormous wealth, and the public have a right to insist that all the instruction which a mere view of the cases can afford, should be presented to the students gratuitously, under proper restrictive regulations, devised in a spirit of liberality towards the medical public, and of anxiety for the welfare of the patients. Yet for witnessing the medical and surgical practice alone of the endowed hospitals, upwards of forty pounds are demanded from every pupil. And this is an imposition which the governors of our charities have every where allowed to be practised by the medical officers. Nay, in one of the old hospitals, during the last session, a sum was paid by medical students exceeding eight thousand pounds sterling. The students, however, have the full opportunity of knowing on what conditions they pay the fees, for what purposes the fees are paid, and what are the promises made in the hope of obtaining those fees; and if they afterwards submit to be neglected and to be treated with contempt,—if they allow the promises and pledges made to them on entering, to be broken, and to remain unredeemed, without insisting on the concession of their undoubted rights, why it will be allowed that the functionaries of our hospitals knew that they were not treating with young men, but with children, and that shadows instead of realities would satisfy the unreflecting claimants for redress. Aided by the independent portion of the medical press, it is in the power of the pupils to remedy many of the minor abuses which still operate to the disadvantage of the latter, in the hospitals, dissecting-rooms, and class-rooms, of this metropolis; and in conclusion we assure them that, so far as this journal is concerned, the pages of THE LANCET will ever be open to receive and promulgate their well-founded complaints against parties who may either designedly or ignorantly have attempted to interfere with the successful cultivation of their medical studies.

THE extract in the next page is taken from the report which has been presented by the Poor-Law Commissioners to the Secretary of State for the Home Department. There will be found in this extract some curious matters for reflection. Several of the subjects briefly noticed therein, ought to engage the attention of the profession generally, and if we could be furnished with the results of their cogitations thereon, they might prove of use to us in the progress of our labours.

Where is "Mr. SMITH of Southam," and where are the "Self-supporting Dispensaries?"

EXTRACT FROM THE REPORT OF THE POOR-LAW COMMISSIONERS TO LORD JOHN RUSSELL, RELATIVE TO "MEDICAL RELIEF."

(*Dated from Somerset House, Aug. 8th, 1835, and not before published.*)

AMONGST the evils which we found ourselves called upon to remedy, was a large class connected with the administration of medical relief. In our present Report we deem it necessary only to advert to some of the chief evils of this class, and to the measures we have adopted with relation to them.

We found it a practice, in the great majority of instances, for a medical man to contract with the parish for the supply to the settled paupers of the parish with medical attendance for a small fixed sum, on the expressed or implied condition that he should be allowed to make whatever charges he pleased for his attendance and treatment of non-parishioners, under suspended orders of removal, or an order of medical relief by the overseer. When the patient has recovered, he is sent home to a parish with a bill for medical attendance, including charges for medicines at the highest rates. Against these charges the distant parish to which the pauper belonged had no adequate protection. The pauper was exposed to the danger of being supplied with medicines considerably beyond what were required for his proper treatment. Instances have come to our knowledge where, in large populous parishes, the profits of attendance upon paupers under such circumstances have been upwards of 300*l.* per annum. The inferior officers have been fee'd by the medical officers to search out and give him information of the cases of this description. As a further evil of this system, we may mention that paupers with their families have been removed from their parishes at a great expense, when each head of a family would otherwise have preferred remaining and seeking employment in the parish where his sickness occurred. By countenancing these practices, parishes were in the habit of creating burdens for each other. As a check to this system, and to the general expense of medical relief, we have generally required that medical services should be retained by contract and open tender, including as a condition, that the medical officers should attend at the same charge, all patients on the order of the overseer, whether the patients were parishioners or non-parishioners.

In regulating the appointments of medical officers within the new unions, we have acted on the presumption that by the words of the Act (that the medical officer shall be "a person duly licensed to practise as a medical man"), it was intended to include equally physicians, surgeons, or apothecaries duly licensed to practise as such. Applications have been made to us to prescribe, as the qualification of the medical officer of any union, that he should be a member of the College of Surgeons as well as of the Apothecaries' Company; but as at present informed, we do not think that the public interests would be advanced by confining the qualification within narrower limits than those traced by the words of the Act, and which conform to the general practice. With respect to the general professional qualifications of the medical men who come within the words of the Act, we have relied on the diplomas of those who are charged by the Legislature with the duty of examining the qualifications of the candidates for practice, being assured that the recent improvements in medical practice and education, are such as in general to render the later diplomas certificates of a degree of competency, equivalent to much practice on the parts of those who have had an earlier education. Under these circumstances we have considered that the interests of the public and of the profession itself, were the best served by keeping the situations of medical officers in the new unions open to the competition of the whole body of medical practitioners. Instead of attempting to fix the price of the services of the medical practitioners for the union, we deemed it the most advantageous that each practitioner should fix the price of his own services, under competition. Amongst the inducements to accept these appointments, are the credit of the appointment of medical officers to a union by a Board of Guardians, the wider fields these appointments offer for the display of care and skill, and for obtaining reputation leading to more profitable practice; inducements differing in degree, but similar in kind to those upon which men of the most eminent skill find it to their interest to give their services to the chief medical institutions of the country. We may be sure that the medical practitioner will, in fixing upon his terms, do nothing which he considers will not on the whole be advantageous to himself; and next, that he will consider the interests and advantage of his own profession. We have found it necessary, as a security against undue charges even under competition, to adopt as a rule that the aggregate charges for medical relief within the new unions, shall not exceed the aggregate of the former expenditure for medical relief in the separate parishes now included in the unions. Instances have occurred where the local medical practitioners have combined to prevent a competition. The course taken in these instances for the

protection of the rate-payers, and to secure the best treatment to the paupers, has been to suspend our sanction to the appointments, and to cause advertisements to be made to throw open the office to the competition of practitioners from a distance, or of the profession at large.

In some unions, as in the Wycombe union, it has been provided that the terms of the contract should be a remuneration, at a given sum per head, on the number who receive medical relief; but with the proviso, that the gross charge should not exceed a given amount. It is stated to us in evidence, that this mode of proceeding, though adopted reluctantly by the medical profession, has operated very beneficially. The surgeon of the Amersham union states, in the course of an examination,

"I approve of the system; but the amount in the present contract is inadequate; I think I shall lose a guinea a week by it. In some of the parishes it is at present only one-third of what I have received in former years for the same time. But I approve of the system for these reasons: it is a self-acting check upon the relieving officer in giving improper orders, or withholding proper orders; upon the applicant for medical relief, in making him feel that in receiving it he is a pauper, and causing the parish a specific charge for him; and upon the medical man, by causing an inquiry into each case, so that none can escape attention; and by that means also secures proper attendance to the patient. Indeed, the mode of contract forms a complete system of check and security in cases of pauper medical relief, the want of which was so much felt under the old system.

"Has it tended to curtail the evil of sending all parties to the parish doctor for medical relief, which was so prevalent under the cases of contract in gross?—Yes, it has; I have many cases now that I am attending as independent patients, who used always before to come to me as paupers. One case is that of a woman of Penn; her son is a master bricklayer, with whom she resides, the cottage and garden their own. She has a daughter about thirty, a sempstress, who gets a very good living. This woman was, with her daughter, always attended by the parish. On my telling this woman that the parish paid a specific sum for her, she refused to be attended, and now pays for herself. There are many cases which evidence this effect of the system.

"Of course, the new independent patients pay you?—Yes, they do; they pay us at the time they have the medicine.

"Now, although you do not receive so much from the parish contract, will not the amount by these new independent patients more than make up the difference?—No, I think not; but it will go towards it."

We anticipate that the introduction of a better system will be beneficial for the destitute sick, as well as beneficial to the labouring classes generally; and that it will be found conducive to all proper interests of the respectable portion of the medical profession.

It will, however, be observed, that the change in the system has not, in many instances, been so long in operation as to develop the whole of the effects which may be anticipated from it, in promoting voluntary and independent associations, to provide for the casualties of sickness and mortality.

But even now the reports made to us of the very satisfactory effects of the operation of the rule, are becoming daily apparent. We cite the following passage from a recent Report made to us by our Assistant-Commissioner, Mr. Hall, as illustrative of the tenor of other incidental communications on the subject:—

"The good effects of your arrangements as respect medical relief, are showing themselves in the shape of medical clubs among the labourers. One of the surgeons of the Wallingford union told me that several were in process of formation in his district; and I have heard that elsewhere the labouring class has evinced the same degree of foresight and providence; has given the same proof that, when thrown upon his own resources, and taught to rely upon his own exertions, the independent labourer can and will adopt measures answering to the necessity of the case."

Mr. Gulson states, in a recent Report from Oxfordshire,

"Medical clubs are starting up in all directions. The proceedings of the Board, as regards the medical department, have already been productive of the best results. Highly respectable medical men are undertaking to attend all cases for an annual subscription of 2s. for a single person; and for 4s. 4d. they engage to attend a whole family, however large, so that it does not include children above sixteen years of age. At Witney, Benson, and other places, the labourers are subscribing in considerable numbers to independent medical clubs."

Mr. Gilbert reports to us, that in several parts of Buckinghamshire similar effects, resulting directly from the change of medical relief, have been developed in a striking manner.

[The increase of provident institutions, as arising from the general influence of the change of system, was confidently anticipated from the marked increase of deposits in the savings banks; deposits by labourers who had previously been paupers, observed in several of the parishes which were the earliest dispauperized. The anticipation has been justified, by the fact of the increase

of the prosperity of the existing provident institutions, and by the increase of new institutions coincidently with the change of the law. Mr. Tidd Pratt, the Barrister appointed to certify the rules of Savings Banks and Benefit Societies, states to us—

"That the increase in the number of Friendly Societies since the passing of the Poor-Law Amendment Act, has been very considerable as compared with the year previous thereto. From the month of August 1833 to August 1834, the number certified by me was 360; but from August 1834 to the present time, I have certified nearly 750, being an increase of 390, or more than double the number certified in the previous year. Independently of which, I am happy to say, that these Societies appear to be founded on calculations more likely to enable them to fulfil their engagements with the members, than those which were heretofore in existence; and this I attribute, in a great measure, to the rules and tables which have been printed by order of the Lords of the Treasury, and gratuitously distributed.

"With respect to depositors in Savings Banks, the increase during the last year has been very considerable. The accounts are made up annually to the 20th of November; and although from November 1831 to November 1833 (being a period of two years), the number of depositors increased during that period 44,750, yet from November 1833 to November 1834, the increase in the number of depositors has been nearly 33,000, and in the money deposited, nearly a million: and in each of the following counties, viz., Bedfordshire, Berkshire, Bucks, Cambridgeshire, Essex, Hertfordshire, Kent, Norfolk, Suffolk, and Sussex, a marked increase has taken place in the number of the small depositors."]

Several students who are attending the practice of *St. Bartholomew's Hospital*, state to us that obstacles are thrown in the way of their examining the Case book which is kept in Matthew's and Mary's Wards in that establishment, whenever they attempt to inspect it for the purpose of deriving information relative to the patients in those parts of the Hospital. We refrain, however, from publishing any of the communications that have reached us, because they are couched in terms of indignation which, at present, we have reason to hope, are not correctly applied. The difficulties experienced must be accidental. Dr. Latham is assumed to be the enemy of the pupils on this occasion, but that gentleman cannot be desirous of rendering such an interposition a matter of public inquiry at this juncture. The case of a medical officer who would act as our correspondents allege, would prove a bad one for the defendant before a tribunal of public inquiry, from whose scrutiny there could be no escape, and whose members were not to be blinded by any hole-and-corner physician in the metropolis. What reasons for enjoining *secresy* respecting his mode of treating the sick-poor in *St. Bartholomew's Hospital can* Dr. Latham *have?*

However, as it is as well to be provided against even the most improbable incidents of an untoward character arising out of events which affect us in life, we recommend those gentlemen who may be satisfied that the obstacles originate in *design*, to make exact note of the circumstances attending the acts of secresy, the dates of their occurrence, the names of, and all essential particulars respecting, those with whom they may originate, or who may act as agents of the principal, or in any way abet the hidings of the "Case Book" of a public functionary in a public hospital.

The names and addresses in full should be obtained, whether of clinical clerks or nurses, and information forwarded to us relative to the extent to which the restriction may be carried,—whether the book be wholly kept back from inspection, or opened to view only at such inconvenient times in the presence of such persons, and in such manner, as to prevent students from examining the book with comfort and advantage in the pursuit of their inquiries. All these things should be especially noted, in order that the measures adopted in defence of the pupils and the public may be complete, both as regards the remedy for the evil and its effectual exposure.

The following recommendatory "testimonials" have been forwarded to our office for insertion in the advertising columns of

THE LANCET, but as we can find a far more proper and striking place for one of them, than even the very best part of our cover affords, and as it would be extremely unfair to Mr. GRIMSTONE to give a more conspicuous position to the advertisement of Mr. BATTLEY than to the advertisement of Mr. G.,—the two being so exactly similar in character and object,—moved by these considerations, we present them both to the profession in this place :—

ADVERTISEMENT.—Copy of a Letter sent to Mr. G.—"Dear Sir,—I here beg to inform you, that my ears, thank God, continue very strong; and I have had no defect in my sight since my taking your ear snuff, although I experienced so much pain in that delicate organ, the ear, for many years prior to my using your valuable invention. Sir, I send you this as a further testimony to my last, in January, 1834. I shall be glad to give my testimony to the unexpected relief I have received from your ear snuff, having tried almost all the skill of the profession, and they failed in relieving me, or giving me that substantial relief from deafness your snuff has. Yours with much respect,

" H. PLUCKWELL.

"Tottenham, Middlesex, May 27, 1835."

ADVERTISEMENT. — Mr. Battley, Chemist and Druggist, has been so successful in his preparations of the various articles of the Pharmacopœia, and particularly of those of the vegetables used in physic, that I am anxious to facilitate his introduction to the professors of the several schools of medicine in the country, by bearing my testimony to his merit, and I offer this with the more confidence, as the several censors of the College of Physicians for many years past have always declared themselves so highly satisfied by Mr. Battley's preparations.

HENRY HALFORD,
President of the Royal College of Physicians.

Curzon-street, Nov. 20, 1834.

WHO NEXT, WE WONDER?

Essai sur la Colique de Plomb.—These de M. A. GRISOLLE, Interne Hotel Dieu.

THIS essay is one of those productions which from time to time reflect so much credit on Paris as a school of medicine. It is not a simple thesis, written for the mere purpose of obtaining a diploma, but a profound investigation of a subject which has often occupied the serious attention of practitioners, without receiving too much light from their researches. M. Grisolle is a pupil of the Louis school, and the thesis now before us is a proof of the immense superiority derived from a careful and accurate examination not only of the symptoms generally attributed to any particular disease, but of all the symptoms which the patient may present during the course of his malady. Pursuing this method, M. Louis and his school have not only arrived at the discovery of several principles which had been overlooked, from time immemorial, from want of attention and corolleration, but they have also thrown an immense light on symptomatology and diagnosis. M. Grisolle's thesis consists in an analysis of fifty-eight cases of painter's colic observed by him with minute attention at the *Hopital Beaujon* during the year 1834. We shall notice some of the most interesting facts which he has established.

M. Chomel is of opinion that painter's colic is much more frequent in summer than in winter, and attributes this difference to the greater activity of the works in lead during that season; but in a manufactory, where the same number of workmen were employed the whole year round, the author found the average proportions as follows:—for the warm months (May, June, July, and August) 103; for the middle season 93; for the cold months (November to February) 89.

The age seems to exercise a certain influence on the susceptibility of contracting the disease, for if we divide the ages of those received into the hospital during the last 8 years into four groups, iz., from 18 to 30, from 30 to 40, 40 to 50, and 50 to 57; we find the following to be the mean residence for each in the workshops, before contraction of the disease, 65, 60, 58, and 37; hence the number of days necessary to gain the disease, evidently diminishes with the age.

Authors are generally of opinion that the red lead is more injurious than the white, but there are few or none who support this assertion by a comparison of numbers; in the absence of other facts we must accept the testimony of the author, who found that eleven workmen at Clichy could work at red lead during a period of seventy-three days before they fell ill, while the workmen on white lead at the same establishment fall ill before a lapse of sixty-five days.

As it is not our intention to follow the

author through the whole of the laborious researches which he has made on all points of the disease, we shall merely give a *resumé* of the symptoms which constitute the disease, viz., intense pain in the abdomen, constantly affecting the patient when the disease was fully established; but, however, becoming exasperated at intervals, more or less approaching one another. The colicky pains irradiate towards the loins, the rachis, the parietes of the thorax, and even to the genital organs or thighs. Their essential character is in general to be calmed under pressure: they are sometimes accompanied with retraction of the abdominal muscles: symptoms of gastric derangement now soon come on, such as bitterness in the mouth, nausea, bilious green vomiting: in the intestinal canal we have almost the appearance of strangulation: there is a stop to the passage of stercoral, and even of gaseous matter: the urine is secreted in less abundance; but in the midst of these sufferings, which are sometimes terrific, the pulse remains calm, and even frequently descends below the normal number. Finally, we sometimes observe, either during the disease, or as consecutive symptoms, various accidents relative to the functions of the cerebro-spinal axis, as convulsions, delirium, coma, general or partial paralysis affecting the limbs or organs of sense.

The *abdominal pains* are among the most constant symptoms of colica pictonum, and that by which the commencement of the disease is most clearly characterized. As to the circumstance so generally noticed by authors, of their being relieved by pressure, we find the following results from an analysis of the fifty-two cases which M. Grisolle has followed; viz. In forty cases the pains were relieved by pressure; in seven, pressure neither augmented nor relieved the pain; and, finally, in five cases the patient's sufferings were exasperated by pressure on the abdomen, whether moderate or powerful.

Retraction of the belly has also been described as a special symptom of the colica pictonum; however, it is not a constant one: thus, in forty-six cases in which the author sought this symptom with the utmost care, he found thirty-one in which the abdomen presented the ordinary volume and appearance; in fifteen only he found the abdomen retracted, and even in many of these cases the symptom was so little apparent, that it required a good deal of care to determine its existence.

Nausea and *vomiting* are also symptoms which frequently exist. The author has observed them thirty-two times in forty-six; the matters ejected were always greenish, and excessively bitter; they bore no relation to the intensity of the disease, and seemed to be idiopathic, as they were removed by means directly addressed to the stomach.

The *slowness of the pulse* is also a symptom frequently noticed by authors. In the cases reported by M. Grisolle, the pulse varied between forty-eight and eighty-four, the first few days of the disease; and in all cases where the pulse was as low as forty-eight, the malady prevailed with great intensity.

The *pains in the genital organs*, which are more commonly situated in the traject of the spermatic chord than in the testicles themselves, were noted in a little more than one-fourth of the patients. When pains existed in the extremities, it was the lower which were most frequently affected (three-fourths to one-half), while in one-third of the patients the loins were the seat of pains not unsimilar to rheumatic ones. The headache was always of short duration, and was noticed only nine times in thirty-seven cases. In the seventy-eight cases of colica pictonum analyzed by M. Louis, the proportion is somewhat less, being about one-sixth. (?)

Epilepsy is one of the most grave accidents that can arrive during the course of colica pictonum, but it would not appear that it is a frequent one. The author observed only two cases in his fifty-eight. The disease appeared suddenly, and carried off both patients after thirty-six hours. Paralysis also appears to be a consequent of rare occurrence.

The march of colica pictonum is very irregular, but its termination is in general favourable. The want of accuracy prevents us from giving any faith to the results noted at *La Charité* by MM. Gardane, Merat, and Duchesne. In the fifty-six cases of the present thesis only two died, as we mentioned, from a sudden attack of epilepsy. The intestinal canal in these two was examined with the utmost care, but no trace was found of abnormal coloration, softening, or hypertrophy of the tissues. The cerebral convolutions were generally flattened, and

the anfractuosities nearly effaced: the consistence of the brain was diminished throughout, but there was no trace of injection or of serous or sanguineous effusion in any part of the nervous centres.

The treatment of the colica pictonum has been various. That employed in the greater number of cases recorded by the author was the method so universally known as "the treatment of La Charité," and which consists in giving opium with purgatives, by the mouth or rectum. The purgatives, however, are what we in England would call laxatives; thus the lavement most commonly administered was—

R. *Decoction of Senna* ℥ij; *Sulphate of Soda, Mercurial Honey,* aa. ℥ij; *Water* q. s.

These lavements were administered alone, or combined with opium, to sixteen of the patients, of whom seven were affected with the disease in a very intense form. During the course of the disease, which on an average lasted five days and a quarter, they took six lavements, and five grains of opium. The other nine patients were affected less intensely; they were cured in four days and a quarter each, and took about four lavements and three grains of opium. This latter remedy was never administered until the constipation had been overcome, and the patient already more or less relieved. In six cases purgatives were given at the same time by the mouth and rectum; under the latter form they produced more abundant evacuations and most relief; these patients were cured in a period of seven days and a quarter. Three different kinds of purgatives were employed, viz. castor oil, mixed with one to three drops of croton oil, and the *huile d'epurge*, a lead remedy. *En resumé* the patients thus treated by the evacuant method were cured in a period varying from five days and a quarter to eight days, the maximum of treatment.

Within the last few years M. Gendrin has energetically insisted on the value of sulphuric acid, both as a prophylactic against the colica pictonum, and as a remedy for the disease when fully established. However, the researches of M. Grisolle seem to throw more than doubt on the first of these properties. Thus at the manufactory of Clichy, the mean duration of the workmen before catching the disease, is seventy six, when they have not drunk the sulphuric tisan; while those submitted to the prophylactic treatment of M. Gendrin, do not remain more than fifty days free. As to the comparative value of the treatment called that of "La Charité," and the acid treatment, it requires a more extensive comparison of facts than we as yet possess, to enable us to judge between them.

The Gums, with late Discoveries on their Structure, Growth, Connexions, Diseases, and Sympathies. By GEORGE WAITE, M.R.C.S.L. Longman, 1835. pp. 160.

THE principle of the division of labour has been applied to medicine from a very early period; in Egypt, Greece, and Rome, when civilization had reached a considerable pitch of refinement, besides physicians, surgeons, accoucheurs, rhizotomists, and pharmacopolists, *medici ocularii* and *medici dentarii* were found exercising their respective vocations with distinction. In the present day, the "world of man" has been mapped out into so many compartments, that it is, perhaps, time to inquire whither the division and dismemberment is tending; whether the great connexions of the whole are not broken up; whether the general laws which govern the inside, the outside, and every individual part of our frame, are not overlooked; and whether the influence exercised on organs by each other, and by external circumstances, is not forgotten; whether, in fine, the science of medicine is not sacrificed to a great many arts. One man pays particular attention to the stomach; another watches over the biliary secretion of the kidneys or the bladder; this takes the lungs under his especial protection; that counts the beatings of the heart, or regulates the workings of the mind; Mr. Alexander takes care of his Majesty's vision; Sir Charles Mansfield Clark waits upon the Queen; Mr. C. by some strange fortune humbugs the Royal ear; and Mr. D. puts in claims to perform the same kind of office to another section of the Royal Person, "et adhuc sub judice lis est."

Interesting as an extended inquiry into the effects of the division of labour applied to medicine would be, we have here only time to point it out as worthy the attention of several ingenious gentlemen whose productions occasionally fall under our notice,

and convince us that as poets sometimes want a hero, so they often want a subject, at least "a new one."

We pass over Mr. Waite's rather fantastical application of an old doctrine concerning the four ages of man, and the seasons of the year, to the teeth, which would thus have their spring, summer, autumn, and winter; as well as his illustrative quotations from Sophocles and Pindar; and shall extract his "Synopsis of the Diseases and Morbid Alterations of the Gums."

Synopsis of the Diseases and Morbid Alterations of the Gums.

"Diseases produced by proximate causes.

"Infantine and puerile diseases of the gums.

"Abscesses, tumours, swellings, inflammations, morbid affections.

"Diseases produced by remote constitutional causes are, First, those from the effects of scurvy or from scrofula. Secondly, from constitutional irritation, when neither scurvy nor scrofula has developed itself. Thirdly, from fevers, from indigestion, from catarrh, from inflammations. Fourthly, from mercurials. Fifthly, from constitutional debility, however induced, including nervous excitement and the passions of the mind.

"1st. Diseases produced by scurvy are,

A turgescence of the gums, with a brownish appearance of their structure.

An inordinate detention of highly carbonized blood in their vessels, and occasional hemorrhage.

Diminished vitality of the capillary vessels.

Suppuration, with purulent discharge from the mucous surfaces of the gums.

"2ndly. Diseased appearances produced by scrofula.

An alteration of the glandular structure of the gum, with disease of the capillary vessels.

Detention of blood in the apices of the gums.

Morbid exudations from the surfaces.

An atonic state of their general circulation.

These diseased appearances being devoid of the brown colour perceptible in scurvy.

"3rdly. Diseased alterations from constitutional irritation, when neither scrofula nor scurvy has developed itself, are

General heat, irritation, and redness, fungous excrescences, and hardened ridges.

"4thly. Diseased alterations from mercurials produce

Increased glandular action and vascularity.

Foulness, languor. A slough of the capillary vessels.

Morbid sensibility. Hemorrhage.

"5thly. Constitutional debility, however induced, including the various passions of the mind.

Atrophy and atony of the gum.

Absorption of the socket and recession of the gum.

Languor, and the same morbid sensibility as results from the use of mercurials."

Mr. Waite's remarks on false teeth merit attention.

"Another condition in which we must consider the gums is that into which they are often brought by the unrelenting work of the tooth-maker. A tooth may early in life have been pivoted, and perhaps have gone on twenty years with tolerable comfort. This is often so when the root on which the tooth is pivoted is sound and good. The case, however, now alters: the root becomes either loose in the socket or worn by the pressure of the pivot, and it is necessary to fix it in another manner. This is effected by means of a plate of gold stamped exactly to the shape of the vacant gum and adjoining teeth, round which clasps are worked. The best contrivances of this nature which we meet with are those worked for many of the eminent tooth-makers of London by Mr. Claudius Ash of Broad-street. Those persons who profess peculiar methods of fixing false teeth, and pretend that inventions belong solely to themselves, are generally the adventurers of the town. The great secret of false teeth consists in employing scientific manufacturers."

Mr. Waite's work displays a better knowledge of general physiology than is possessed by ordinary dentists, whose ignorance is generally as profound as their plunder is enormous.

Rust's Magazine, &c.

THE last No. (No. 2, Vol. 44) of this journal contains:—

1. Fragments from the note-book of a clinical lecturer. By Professor BENEDICT, Breslau.

2. Remarks on several of the Symptomatic Affections which coexist with increased sensibility of a portion of the Spinal Column. By Dr. ENS. (Continued from No. 1.)

3. Case of obstinate Retention of Urine, produced by Inflammation and Suppuration of the Prostate. By Dr. ANGERSTEIN.

4. Case of immense Lipomatous Tumour. By Dr. BEHR. (With a plate.)

Although an attempt has been made by Mr. Green, at *St. Thomas's Hospital*, to render some account of the medical statistics of that institution, and an announcement of a similar attempt is made by Mr.

South, "of that ilk," yet we are quite certain that the example will rarely be followed, and that the statistics of our public medical charities will not be made public, until the management of those establishments is in new hands, which, thank God, it soon must be. We have been frequently asked by some of the principal surgeons in Paris, to point out any work or journal in which they might seek for accurate accounts of the number of patients treated in the London hospitals, the comparative mortality of each, in short, any statistical survey of their population; but we have as often been compelled to answer, that our surgeons are in general too much occupied in making money to attend to anything not immediately connected with that absorbing object. For ourselves, being convinced of the great benefit which may be derived by amassing together these statistical details, so as at length to form the basis of general deductions, we shall not fail to gather, from time to time, the valuable fragments scattered through our foreign contemporaries, and thus in some measure supply a want which had much better have been satisfied by our own countrymen.

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1. *PROFESSOR BENEDICT'S FRAGMENTS.*

The first article we have to notice in the present No. of *Rust's Magazine*, is a kind of review of the surgical clinique at the University of Breslau for the years 1828 to 1833 inclusive. The number of patients treated during that period was 5712, viz., 2812 surgical, and 2900 ophthalmological cases; however, the number of the former selected for clinical purposes did not exceed 700, to whom alone the following observations refer.

LITHOTOMY.

This operation was performed during the six years, thirteen times; once on a girl of twelve years; the rest on males, the oldest of whom had reached the age of fifty-three. All these patients were cured, with the exception of four, none of whom died immediately after the operation. Thus one of these four, a boy sixteen years of age, had been dismissed cured from the establishment, but died eleven weeks after of typhus fever. The second died fourteen days after the operation, when the left kidney was found in a state of suppuration, and the right one engorged. In the third case, death on the 11th day, evidenced suppuration of the left kidney, extending down to the pelvis. The fourth case was fatal on the fourth day from peritonitis. In reference to lithotomy, Professor Benedict relates a very curious case, which, on account of its termination, is worthy of record. The patient, fifty-three years of age, who had long suffered from symptoms of stone, was received into the hospital in 1816, but left it without an operation having been performed. After a lapse of twelve years the patient presented himself again, but during this time the calculus had acquired such a magnitude, that whenever the sound was passed between it and the bladder, it became locked. It was thought scarcely possible to remove the stone by an operation; however, this was undertaken, and the incision being prolonged considerably towards the rectum (which was not injured), the calculus was extracted after its outer shell had given way under the forceps. The stone weighed seven and a half ounces, without counting several fragments that were lost. On the fifth day the patient was seized with low typhus fever, without any signs of inflammation of the urinary or abdominal organs. The usual stimulants seemed of no avail, when the author accidentally learned, that his patient was a confirmed brandy drinker. All other means were at once laid aside, and the patient given a *tablespoonful of brandy* every two hours. This treatment was followed by such happy results, that in four days the quantity of brandy could be diminished, and the patient was content with a glass at breakfast. The patient was discharged cured after some months.

LIGATURE OF UMBILICAL HERNIA.

This operation was practised twice, according to Dessault's method, within the period above mentioned. Although both cases were successful, the author says he would neither recommend nor undertake it again. In these, as well as in all the other similar operations practised antecedently, symptoms of severe inflammation of the abdomen set in after the third day, and were combatted often with very great difficulty. The author has frequently removed fungoid excrescences from the navel of young chil-

dren by the ligature (a disease frequently met with at the Clinique), without giving rise to any of the accidents before described.

STRANGULATED HERNIA.

Herniotomy was performed sixteen times in the period between 1828-33; five cases of inguinal hernia, two deaths; eleven cases of femoral hernia, four deaths. In most cases, the fatal result arose from gangrene of the intestine.

In one case of inguinal hernia, the patient was going on in the most favourable manner, when he was suddenly seized on the fifth day with trismus (in consequence of exposure to cold), and died in thirty-six hours. The autopsy did not afford any result.

In a case of femoral hernia in the female, the epigastric artery, which ran transversely over the sac, was divided. The wounded vessel immediately gave a strong gush of blood, and revealed the accident: the stricture was divided, as the author is in the habit of doing in all cases of hernia, from below upwards, and from without inwards. The divided artery was immediately tied, but the patient died of gangrene.

AMPUTATIONS.

Amputation of the extremities was performed twenty-five times; of the upper arm five, one death; one case of medullary fungus of the fore-arm, cured; of the thigh fifteen, cures ten; of the leg four, two deaths. The amputation of the upper arm was performed in three cases after Alanson's method (the funnel-shaped stump); in the rest with a single flap; that of the fore-arm with a single flap; of the lower leg, the single flap; of the thigh, in three cases, with the double vertical flap; in one case with the single flap; in one by the circular method; and in the rest, according to Graefe's modification of Alanson's method.

CANCER.

The operation for cancer (not including cancer of the lip) was performed thirty-seven times. However, with the exception of one or two cases treated by arsenic and apparently cured, a *radical cure* was not obtained in a single case.

Extirpation of the breast was performed three times, and under circumstances apparently very favourable; in all the disease recurred again. Of ninety-eight amputations of the breast, which the author has performed since he undertook the charge of the clinique, two ended fatally from exhaustion during the healing of the wound; and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author observes he is morally convinced that, in several cases, an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumours, sarcoma, or some other innocent change of structure.

The above results are worthy of serious attention, and serve, unfortunately, to confirm the opinion advanced by many surgeons, that in most cases cancer is a constitutional, not a local disease. After an investigation of a great number of morbid specimens of this disease, the author proposes to divide scirrhus into three kinds; viz., the lardaceous, the hydatiform, and the knotty scirrhus. Passing by the two former as sufficiently known, the author gives some remarks on the latter that are not without interest. This is a rare affection, and, on account of its march, is frequently confounded with a malignant and fatal form of scrofula. The patients are generally affected with small knots in one or both breasts, which do not coalesce during the progress of the disease. After these appear the ordinary tumours in the axillæ, and at the same time we perceive ranges of small knots along both sides of the neck, tumours in the inguinal region, on the shoulders, and in several other parts of the body. Each of the knots now mentioned remains isolated, but approaches the skin, and finally becomes attached to it. The integument here assumes a hard, cartilaginous feel, is covered with varicose veins, and turns into a single small cancerous tumour. The patients now generally suffer under pectoral symptoms, with abdominal derangement, and in all the cases which occurred to the author, death took place in less than six months.

Cancer of the lip was removed in fifty-one cases, all successfully except one, where the patient was in a state of great weakness at the time of the operation. The author, however, regards it merely as a *palliative* operation, as it invariably returns in some other part of the body, or in the cicatrix itself. There are indeed a few cases in

which the tumour did not reappear, but here it was evidently a local disease, produced by some external cause, and not perfectly identical with the cancerous disease. As far as the author's observations extend, this false cancer is generally situated in the red surface of the edge of the lip, and does not pass beyond it, is more flaccid, and is chronic in its march; the sympathetic swellings in the neck are wanting. According to the opinions of modern surgeons, we may hope for a successful result whenever there are no tumefied glands under the jaw or in the neck; but from the author's experience, the absence of these signs does not justify a favourable prognosis. Either small soft tumours of the glands already exist, as may be discovered by a minute and careful examination of the parts in the neighbourhood; or the lymphatic system is implicated, without any actual enlargement of the glands, which does not take place until some time after the healing of the wound.

Our analysis shall be concluded in an early number.

Hecker's Annalen, &c. Vol. I. No. 4.

The last part of this periodical contains—

1st. Practical Remarks on Rabies in Dogs, Horses, Sheep, Pigs, &c. By Dr. Wagner.

2nd. Practical Remarks on the Use of the Exhausting Pump (Langpumpe) in Strangulated Hernia. By Dr. Kohler.

3rd. On the Literature of the Venereal Disease. By Dr. Hacker.

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2. Reduction of Strangulated Hernia by the Exhausting Pump.

The use of the air-pump, as an agent in the reduction of hernia, was first noticed, we believe, by Professor Hauff in the year 1818. Hufeland's Journal for July 1832 also contains some remarks by Dr. Busch on the same subject. Finally, the No. of Hecker's Journal now before us contains several cases, which, as they are probably new to our English readers, we shall notice briefly.

Case 1.—In October, 1833, the author, Dr. Kohler, was called to a Jew, sixty years of age, who had suffered for the last nine years from scrotal hernia. After some days of a fit of indigestion the patient began to suffer from pain in the abdomen, and the hernia could not be returned even by a surgeon; the symptoms were now rapidly aggravated, and the author on his arrival found the patient in a state of great danger. According to the account of his attendants, the hernia was strangulated for three days; the face was now sunken; the body covered with a cold sweat; the extremities cold; the pulse barely perceptible. No stool for the last three days. The author had immediate recourse to all the common remedies, venesection, cold applications, narcotics, enemata, baths, drastic purges, &c., without any effect; the danger was most pressing, and nothing seemed left but the operation; however, the exhausting pump was tried as a last resource. Immediately after the application of the apparatus, which was placed over the abdominal ring, the operator began to perceive some gargouillement in the hernia; this gave encouragement, and in a short time, to his great pleasure, the parts were restored to their natural position. Alvine discharges were obtained in a few hours, the vomiting ceased, and the patient was restored to health in a few days.

Case 2.—In January 1834, a female, sixty years of age, was affected with inguinal hernia on the right side, and sudden femoral hernia on the left side; it was impossible to return this latter; symptoms of strangulation soon set in, and the necessity of an operation was agreed on in a consultation of surgeons. The air-pump was applied. After the first application a little gargouillement; after the second, partial return of the gut; after the third, complete reduction of the hernia.

Professor Janekowski has communicated a very remarkable case to the author, of which the following is an abstract:—

Case 3.—The patient, a strong healthy woman, fifty years of age, perceived the first trace of an umbilical hernia about two years before. The tumour had acquired some size before she experienced any remarkable symptom; it was then partially reducible, and the pains in the abdomen and swelling were alleviated by opening medicines. After the lapse of about a year the tumour became suddenly the seat of intense pain; there was obstinate constipation for six days, which only yielded to general blood-letting and purgative enemata. On the sixth day inflammation set in, and terminated in abscess of the integuments. At the end of August the patient was attacked a second time with inflammatory symptoms, which now assumed so severe a character as to threaten her life with imminent danger. The hernia could not be reduced by any of the ordinary means, though seconded by venesection and repeated purgative glysters. On the third day the tumour became excessively painful and hard, stercoral vomiting supervened, and a fatal termination seemed almost inevitable. The air-pump was now applied, but at first produced a great deal of pain; however, it was removed after a short time,

and the taxis was now practicable with the greatest facility. In a few hours copious evacuations were produced, the symptoms of strangulation subsided, and three days later the patient was perfectly cured.

In addition to the cases which we have just quoted, the author details six others, where the air-pump was employed with equal advantage, and adds that in twenty-three cases, the greater part of which were desperate, the means now alluded to did not fail to justify his confidence; he therefore concludes, by expressing a hope that a remedy of such power may meet the general consideration which it deserves.

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3. LITERATURE OF SYPHILIS.

This is an analysis, completely in the laborious German style, of all that has been written on the venereal disease during the years 1831 and 1832. The works of authors which are analyzed (alphabetically arranged) amount to no less a number than fifty-seven, and the series is not yet completed. Those who occupy themselves specially on syphilitic diseases will here find a fund of curious, and no doubt useful, information, for not one has been neglected.

FORMATION OF AN

EASTERN PROVINCIAL MEDICAL ASSOCIATION.

On Friday, the 25th inst., a meeting was held at the Guildhall, in Bury St. Edmunds, for the purpose of forming a society under the above name. Upwards of seventy gentlemen of the profession, from Suffolk, and the adjoining counties of Cambridge, Norfolk, and Essex, were present.

Dr. PROBART, of Bury St. Edmunds, took the chair, and said that the meeting originated in the published letter of an influential individual now present. The call had been responded to in a most gratifying manner, and there could be but one opinion as to the general utility of such a Society. Resolutions had been prepared, and he should be happy to hear the remarks of those gentlemen to whom they were entrusted. He concluded by reading the requisition.

Mr. CROSSE, of Norwich, addressing the chair, said that he was the individual who had been induced to set in motion the simple means for bringing them together. (*Applause.*) It was easier to follow than to invent. Above a dozen years ago was formed "*An Association of German Naturalists and Physicians,*" which first assembled at Leipsic, and changing annually the place of its meeting, visited Berlin, Vienna, Heidelberg, Frankfort, Hamburg, and some other towns of note. These annual scientific meetings had continued uninterruptedly—the last having been held in the present month, with undiminished gratification, at Bonn; and they had, undoubtedly, conduced greatly to the improvement of the natural sciences, of which medical men were always found the most zealous promoters. Numerous learned men from this kingdom, including many eminent physicians and surgeons, had annually attended the meeting of the *German Association*, and, amongst the fruits of that intercourse, we might trace the origin of *The British Association for the Advancement of Science*,—a society first instituted about four years ago at York, successively holding its annual meetings at Oxford, Cambridge, and Edinburgh, and terminating the brilliant work of its fifth meeting lately in Dublin. It would seem that this Society was destined to raise the character of our countrymen throughout Europe; it had increased in numbers, and still more in beneficial results, yearly; and had, indeed, spread a fresh ardour in the pursuit of science throughout the British dominions. The proceedings of its medical section at the recent meeting, so fully recorded in the last number of the "Dublin Journal," had brought much dormant talent into activity, whilst the funds of the society had been liberally voted to physiological researches, determining questionable points, and establishing facts that come home to every well-exercised practitioner, by bearing directly on the diagnosis of certain diseases. Out of the *British Association* another had arisen, which was exclusively medical, but embraced a less extent of district—the *Provincial Medical Association*, instituted at Worcester in 1832, through the efforts of Dr. Hastings, and a valuable volume of transactions had appeared yearly from it, the fourth being now in the press, forming the only series of transactions devoted to medical topics that had ever been published in England out of the metropolis. This Society enrolled 500 members, but having originated in the West, it had failed to enlist many gentlemen in this eastern and remote district, although intended to apply to the whole kingdom. The proceedings, said Mr. C., of the meeting at Oxford have been so amply reported, that every gentleman now present must be acquainted with them. Before I attended that meeting I had avowed my opinion, that the eastern counties should join to form a Medical Association on an extensive scale; but difficulties surrounded the attempt, a gentleman in this county having already made a fruitless attempt. Yet there is a conviction

amongst us of the necessity of taking some such step; few of us can so far desert our avocations as to meet the Provincial Association at the large towns of England; but we are social and scientific; therefore must we have our *Eastern Association*. (*Applause.*) In the six adjoining counties there are about a million and a half of inhabitants; yet not more than a few cases in the course of each year are turned to advantage through the press in the whole district. In the counties referred to, only a few medical men, I feel assured, belong to any Medical Association, and, judging from the effect of the associations preceding us, one in this district must bring forward the hidden experience of many, and awaken into fresh action and energy a valuable body of labourers in the calling we profess. The medical statistics of each county will furnish much matter. Medico-legal science may be promoted by close attention to inquests. The district contains many hospitals and dispensaries, and reports of the practice of such institutions will be for the first time produced. Every man of experience in practice meets with something that might prove profitable, if communicated to his brethren. During my twenty-five years' residence amongst you, I have known many enlightened, able, and zealous practitioners in the most retired situations. The association we are met to form may gather a storehouse of public knowledge. Moreover, assemblies of gentlemen of our profession generate kindly feelings, promote good understanding, and console us in our solitary hours. Thanking you for a patient hearing, I leave in the hands of other gentlemen the moving of the several resolutions. (*Applause.*)

Dr. PROBART said the meeting was greatly indebted to Mr. CROSSE for his able address.

Dr. EVANS said he would only remark that the formation of such a society must prove highly beneficial to the profession and the community. He, therefore, proposed, "That a Society, consisting of Physicians, Surgeons, or General Practitioners, residing in the counties of Cambridge, Essex, Huntingdon, Lincoln, Norfolk, and Suffolk, or in other parts of the kingdom, should be and now is established, to collect useful information in medicine and its collateral sciences for publication, to maintain the respectability of the profession, and to promote a friendly intercourse and communication between its members."

Mr. ABBOTT, of Cambridge, seconded the resolution. The Society, he said, would peculiarly gratify him by bringing gentlemen into friendly intercourse with each other from different places. Carried unanimously.

Mr. JEAFFERSON of Framlingham proposed, and Mr. PECK of Newmarket seconded, "That an annual subscription of one guinea be contributed by each member, to be paid in advance."

Dr. BAIRD commended the alacrity with which *the case* made out by Mr. CROSSE, who had so eloquently addressed them, had been responded to; it was high time that provincial medical gentlemen should strive to become more useful to the profession. Being, generally speaking, as it were, *rari nantes in gurgite vasto*, they laboured under the disadvantages of a want of co-operation; but he hoped that henceforth their medical character would be redeemed in the eyes of the public. He begged to propose, "That the Society do publish, in the form of Transactions, all such essays, memoirs, cases, or reports of public institutions, sent to them, as may be thought worthy of publication."

Dr. FISHER, of Cambridge, seconded the resolution. Carried unanimously.

Mr. BORRETT, of Yarmouth, proposed, "That a general meeting be held annually at one of the principal towns of the counties specified in the first resolution, and that the first take place at Ipswich on the first Monday in June, 1836."

Dr. ENGLAND, of Norwich, seconded it, and said he fully coincided in the principles of centralization; he thought that strenuous efforts should be made to improve medicine in the eastern provinces, or, as railroads were becoming so general, we might soon expect to see patients travel by steam to consult the physicians of other places.

Dr. FISHER thought the time specified would be inconvenient to residents at Cambridge.

Mr. CROSSE said it had been selected with a view to accommodate the profession in general. He thought the general meeting ought to take place *prior* to that of the Provincial Association, at Worcester, because a deputation could then go from the branch to the parent institution. (Carried unanimously.)

Dr. WAYTE congratulated his brethren on the object of their meeting, and especially on the opportunity that would thus be afforded of defending their rights and privileges. He was not a general practitioner now, but he had been, and therefore could enter into the feelings of those gentlemen on this subject: their calling was laborious and arduous, and they were often compelled to sacrifice their own health and comfort for the good of others. That profession was not only now invaded by both itinerant and regular quacks, but more recently by acts of Parliament—the Commissioners under the new Poor-Law Act, aiding the overseers to grind the medical man to powder. (*Applause.*) He thought the profession justly entitled to the protection of the Government—let them meet for that specific purpose—let them *petition*, and he had no doubt their voices would be heard by the Legislature. (*Applause.*) Why also should there not be

stars in the *Eastern* as well as in the *Western* hemisphere? He anticipated great good from the Society, and concluded by moving, —"That a Council, composed of not more than one-fourth of its members, do conduct the general business of the Society, and meet in Norwich quarterly, or more frequently, as the business of the Society may require."

Mr. BAILEY, of Thetford, seconded the resolution. (Carried unanimously.)

Mr. WAYLEN, of Colchester, proposed —"That a president, two vice-presidents, a treasurer, and a secretary, be annually elected, and be members *ex officio* of the council and of all committees."

Mr. CREED, of Bury St. Edmunds, seconded the resolution. With reference to a recent act of Parliament invading the just rights of the profession, he thought there was nothing to fear from that quarter. Let the physician, the surgeon, and the general practitioner, adhere to each other, and they had nothing to fear. (*Applause.*)

Mr. HEADLEY, of Cambridge, believed it was not the wish of the Poor-Law Commissioners to make degrading proposals to the profession. He knew one of them (Mr. Lefevre) and had had conversations with him on this subject, from which he was induced to believe that the fault rested rather with the overseers and guardians of the poor. (The resolution was carried.)

The appointment of officers for the next meeting at Ipswich was thus fixed:—Dr. Baird to be president; Mr. Crowfoot, of Beccles, and Mr. Bullen, of Ipswich, to be vice-presidents; Mr. Crosse to be secretary (and also treasurer *pro tempore*).

Dr. LYNN, of Woodbridge, proposed and Mr. HEADLEY seconded,—"That the council do assemble at Norwich in January next, to receive the names of members, and to consider all papers &c. which may have been communicated to the secretary."

Dr. BECK proposed, and Mr. MINES, of Diss, seconded,—"That a committee of five be appointed to draw up a code of laws and regulations for the Society, to be laid before the general meeting at Ipswich, and to make out a list of the first members of the Council."—The following gentlemen were then appointed as a committee:—Dr. Bayne, of Bury; Dr. Beck, of Ipswich; Mr. Dalrymple, of Norwich; Dr. Wayte, of Lynn; and Mr. Bailey, of Thetford.

Mr. MACINTYRE proposed,—"That a committee of five be chosen to prepare a *plan* for effecting a junction of the present Society with the Provincial Medical Association, instituted at Worcester, and to submit it to the general meeting at Ipswich." This embraced, he said, one of the principal objects of their association. A district like this would not be able to furnish funds sufficient to enable them, for instance, to publish, annually, such transactions and histories as were necessary to promote a scientific interest in the Society. By joining with the Western Association, they might effect this object, and be put in possession of the "Transactions" of that Association.

Mr. LE NEVE, of Barrow, seconded it. He conceived many advantages would be derived by the Society from an amalgamation with that at Worcester.

Dr. FISHER wished to know whether, after such an "amalgamation," this Society would exist as a separate society.

Mr. WAYLEN considered it would be an auxiliary of the parent institution.*

Dr. EVANS said he understood that the two societies would be fused into one. He was a member of the Worcester Association, and he thought that members of that association, ought not to be called upon to pay two subscriptions; though, for himself, he would cheerfully pay two or more if they pleased.

Mr. CROSSE said the two societies would, in the appropriation of funds, be in common; in annual meetings they would be separate, excepting when the Worcester Association came into their district, and the same would be the case when their Society went into the other district. For the publication of all transactions and other useful purposes, the junction would be principally effected.

The following gentlemen were then appointed as a committee, in accordance with the resolution:—Dr. Haviland, of Cambridge; Dr. Baddeley, of Chelmsford; Dr. Nunn, of Colchester; Dr. England, of Norwich; and Mr. C. Smith, of Bury St. Edmunds.

Mr. MURIEL, of Ely, proposed "That an advertisement of the acts of this Meeting be circulated in the Eastern Counties, accompanied by an address calling the attention of Practitioners towards the support of the Society." (Seconded by Mr. Bedingfield.)

Dr. BECK proposed that at the next annual meeting, the Society should consider the propriety of engrafting a Provident Society on the Association. (Seconded by Mr. Abbott.)

Mr. MACINTYRE said that he was impelled to meet it with a direct negative. The proposition was not compatible with the objects of this meeting; appeared to be wholly impracticable; must involve an increase of subscription not at present contemplated; and in his opinion was uncalled for. In counties which it was proposed their association should embrace, there were al-

* The ninth resolution was well calculated to puzzle the meeting. It seems to have been forgotten that the affiliation of the "Eastern Society" is the act of the wrong institution. Suppose the "Western Society," on whose funds a demand is to be made, should refuse to patronise the infant?—ED. L.

ready societies existing, and some of them—he could speak for that of Suffolk—though not so well supported either as they deserved to be, dispensing great relief. He would recommend that instead of attempting to form a Benevolent Society, those gentlemen who had not joined the excellent societies in their respective districts, should take the first opportunity of doing so.

Mr. ABBOTT said that they had no such society in Cambridgeshire.

Mr. MACINTYRE was sure that Mr. Abbott might soon have one there.

Dr. EVANS concurred in the objections of Mr. Macintyre, and the sense of the meeting being against the resolution, Dr. Beck withdrew it.

Mr. CROSSE said it would be desirable that papers or reports intended for publication, should be forwarded as early as possible to the Council to be held in January next. Votes of thanks to Dr. Probart and Mr. Crosse were then carried with acclamation.

THE DINNER.

Fifty-six of the gentlemen afterwards dined sumptuously at the *Angel*, when Dr. PROBART again presided, having for his vice-presidents Mr. C. Smith and Mr. Macintyre. Dr. Evans afterwards took the chair. Various toasts followed the loyal ones. Dr. Evans proposed, amongst others, the University of Cambridge. Dr. Fisher returned thanks, and passed some high compliments on the present Regius Professor of Medicine, Dr. Haviland, whose absence he much regretted. "The health of Mr. Crosse and thanks to him for his great exertions in forming this Association," was drunk with warm applause. Mr. Crosse acknowledged the compliment.

Mr. MACINTYRE said that there was a gentleman present to whom the profession were under considerable obligations, and who had been instrumental in the formation of this society; he deserved their consideration, not merely as a talented member of the profession, but for the able stand which he had made against the grinding system of contract recommended under the New Poor-Law Bill; and he (Mr. M.) was happy to have that opportunity of putting them in possession of the information which Mr. Bedingfield had collected on the subject. "The health of Mr. Bedingfield, of Stowmarket."

Mr. BEDINGFIELD, in returning thanks, said he came that day to be a hearer rather than a speaker; but he would, with permission, say a few words. All the time he could spare from professional engagements, had been occupied in defending the profession from the unjust aggressions of the Poor-Law Commissioners. The question, said Mr. Bedingfield, has been put to me several times to-day, What should we do relative to the contracts for attendance on the poor? I will tell you, gentlemen, what we have done in our own Hundred. My colleagues, Mr. Spencer Freeman and Mr. Bree, joined me in an address to the Directors and Guardians, expressive of our wish to remain in the same situation as we at this time occupy; we requested that we might not be compelled to enter into engagements which it would be impossible for us conscientiously to perform, and that if any parishes were added to the Hundred of Stow, other surgeons might be appointed to them. My address to Lord Melbourne was followed up by some strong observations in the House of Commons by Mr. Wakley, to whom in my opinion the medical profession is most deeply indebted. Mr. Wakley, in powerful and eloquent language, set forth not only the inconveniences to which medical men are subjected by the arrangements made under the new Poor-Law Bill, but also the miseries which would be inflicted upon the poor themselves, by that oppressive measure. Lord John Russell is reported to have stated in reply "that he had been assured by the new Poor-Law Commissioners, that they had provided the poor with ample medical attendance." One fact in my own immediate neighbourhood, shall serve to illustrate the tender mercies of these commissioners towards the poor. The Hundreds of Bosmere and Claydon consisted of *thirty-five* parishes; to these parishes four surgeons were attached; the Poor-Law Commissioners have *added five* parishes to this hundred, but they have only provided the poor with *three* surgeons! and so exquisitely judicious are their arrangements, that the poor of the populous Hamlet of Needham will have to go to Coddenham for their attendance, and one of the surgeons will have to ride from Needham to Debenham, a distance of ten or eleven miles, to visit his patients: all further comment upon this subject is unnecessary. I have been asked what we shall gain by opposing the commissioners. If I am correctly informed, we have already gained one important advantage. The power of appointing and determining upon the number of the surgeons, and the amount of their salaries, is taken out of the hands of these commissioners, and is vested exclusively in the local guardians. A very interesting communication was made to me a few days ago by Dr. Rumsey, of Chesham, in Buckinghamshire, informing me that a society had been formed in Buckinghamshire, of which Dr. Rumsey was President, for protecting the profession. Here, gentlemen, is an organized committee ready to receive any facts that may tend to elucidate the oppressive nature of the new Poor-Law Bill; and to arrange these facts, and to submit them when thus arranged, to the consideration of the proper authorities. Our infant society is not prepared to perform this important business; I would therefore

earnestly recommend you, gentlemen, to forward all the facts you can procure upon this subject, without loss of time, to Dr. Rumsey. I have put my hand to the plough, and I will not look back; but heedless of intimidation and slanders, I will still advocate the rights, honour, and interests, of my professional brethren. (*Applause.*)

Mr. CROSSE read an extract from a letter he had received from one of the principal Commissioners, which stated that they (the Commissioners) had no desire to interfere with, or direct the contracts between, the parish authorities and their medical attendants.

The company were afterwards addressed by Dr. England (who warmly eulogized the efforts in Parliament of Mr. Warburton), and other gentlemen, and the party broke up about ten o'clock, highly gratified with the prospect of accomplishing the object which had brought them together.

SUICIDE BY THE ADDER.

To the Editor.—SIR,—An adder was captured by me and confined very loosely in the folds of a thin lawn handkerchief, so that I might observe its efforts to escape. The handkerchief was laid with the adder on a grass plot, and after several energetic but ineffectual attempts to free itself from bondage, the animal deliberately inflicted a bite on its own body, and quickly died. Such an act of suicide has been asserted of the scorpion, but I have never heard of the like circumstance in an adder, excepting on this occasion. The circumstance cannot be attributed to *instinct*, a principle which might assist it in its efforts to *escape*, but could never prompt so unnatural an act as that which produced *death*. Let this fact (witnessed by two others as well as myself) be added to the number of extraordinary events which foil the philosopher in his efforts to deny the existence of intellect, unquestionably bestowed in various modifications on the lower animals of the creation. I am, Sir, yours truly,

WILLIAM H. THOMAS.

Bristol, Sept. 16, 1835.

BIRMINGHAM SCHOOL OF MEDICINE.

LETTER FROM DR. CONOLLY.

To the Editor of THE LANCET.

SIR,—In your remarks on the Anniversary Meeting and Dinner of the Birmingham School of Medicine, in THE LANCET of Sept. 12, it is stated that I proposed as a toast the "Theory and Practice of Medicine." This erroneous statement, originating with the reporter of the *Birmingham Gazette*, would be quite immaterial, but for the manner of its introduction in support of some not undeserved censure. I trust, however, you will permit me to say that I proposed no such toast. I was requested to acknowledge the honour done to myself and the other examiners; and having done so, it was my duty to name and propose the healths of the gentlemen to whom medals had that day been awarded. The only other toast which I proposed was the health of Mr. Cox, senior, the father of Mr. Sands Cox, to whose exertions the Birmingham School of Medicine is so greatly indebted.

Although it may add a little to the length of this communication, I cannot refrain from giving, on this occasion, my sincere testimony to the proficiency, as far as I had an opportunity of judging of it, of the students of the Birmingham School. I have occasionally thought that the apprehensions expressed by some of my seniors in the profession, that the education in provincial medical schools would be found superficial, were not unreasonable. But I am convinced that they are unfounded. The utmost care seems to be taken to make the students well informed in every branch of their profession. The two students who presented themselves as candidates for the medal in Dr. Eccles's class, that of medicine, were subjected to a *viva voce* examination, about an hour and a half being devoted to each; and their answers were so satisfactory as to make it impossible for me to doubt that they had been well taught both in the lecture-room and in the hospital. A student's proficiency is, of course, only to be looked upon as an earnest of future diligence and usefulness; but, seeing the number of provincial schools now established, it is gratifying to believe that they will tend to increase the number of well-informed practitioners. My opportunities of forming an opinion, when in London, of the knowledge possessed by students from the schools of Manchester and Bristol, had previously inclined me to take this favourable view of the provincial institutions; and whoever looks at the rising provincial museums, must see that every year adds to their efficiency as places of instruction. I am, Sir, your very obedient servant,

J. CONOLLY.

Warwick, Sept. 25, 1835.

LITERARY INTELLIGENCE.

MEDICAL REFORM IN IRELAND.

WE have not yet received a copy of the work mentioned in the following letter, but, as a preliminary step to its introduction to the profession, we do not know that we can furnish a better announcement than

that which the letter of Mr. Phelan becomes by its insertion in our columns. The letter was not, we believe, designed for publication, but a very useful purpose may probably be served by letting the able and industrious author speak for himself in this stage of the affair.

To the Editor of THE LANCET.

SIR,—Hodges and Smith, of Dublin, who have lately published a work for me on the medical charities of Ireland, with suggestions for a medical poor law for their better regulation, are about to send some copies of it to London, and I have directed one to be sent to you, as a mark of my respect for the many services you have rendered the medical profession as well in Parliament as out of it.

Should you have leisure to glance over this "Statistical Inquiry," I am not without hopes that you will see in the effort an anxiety to be useful; and that the number of *facts* and returns which I have collected, and put on record, will strike you as tending to give a more rational view of the state of our institutions.

You will observe that all the information is that obtained by a private individual,—often got from persons most unwilling to give it, and, in some cases, after having left home, and the professional business depending on being at home, in search of it.

But still I have endeavoured to expose errors and abuses, whilst retaining whatever is valuable in our charities,—and by such exposure, feeble and imperfect as it is, some good may and, I hope, will be done; but that entirely depends on those who are induced to read it, or to adopt the doctrines which it advocates, and who possess the power of giving effect to such opinions as I have offered. I trust it will obtain the favourable consideration of the medical reviewers in London, and, amongst them, one whose influence as a journalist is so extensive as is yours.

You have no idea of the difficulty of reforming the medical profession, or the medical institutions, of Ireland,—so great is the influence of the Dublin Colleges, and so deeply imbued with the spirit of toryism are the governors of the hospitals &c., in numerous places. Nothing but the enactment of a well-digested and most searching law can have any effect in rendering our charities what they ought to be, a blessing to the poor, and a benefit, indirectly, to the rich and to the medical profession.

I would particularly request attention to the sixth and tenth chapters, and shall be most anxious to learn if the plan on which I have proposed that a combined hospital and dispensary system should be conducted, meets your approval. I also beg to draw attention to the appointment of inspectors, and to the proposal to publish a statistic medical report annually, or occasionally. In this *land of jobbing* the exposure from inspectors is particularly necessary, independent of the other advantages which they would afford.

Apologising for occupying so much of your time, I remain, Sir, your very obedient, humble servant,

DENIS PHELAN,
M.R.C. Surgeons in London.

Clonmel, Sept. 22, 1835.

Mr. WARDROP has in the Press a work "On Bloodletting, being an account of the Curative Effects of Bleeding in the Treatment of Disease." It will be published in a few days.

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Sept. 21	52.	49.	29.59	29.52	0.6125	W.	Frequent rain during the day.
22	55.25	47.75	.28	.23	0.43125	S.	Rain at night, with thunder and lightning.
23	61.50	49.75	.45	.36	0.16873	S.	Frequent rain in day & night.
24	61.25	41.50	.66	.55	—	S.	Generally fine.
25	63.75	39.50	.68	.61	—	S.	Fine throughout the day.
26	60.50	41.50	.41	.34	0.04375	S.E.	Heavy rain in day and evening.
27	64.50	42.50	.33	.22	—	S.	Some rain in the night.

Sept. 29, 1835. W. JACKSON.